TATES OF GUERNSEY
BOARD OF HEALTH

72nd

ANNUAL REPORT

of the

Medical Officer of Health

REPORT FOR
THE YEAR 1970

1971

Report of the Medical Officer of Health for 1970

Lukis House,
Grange,
Guernsey.
10th August, 1971.

Sir,

I have the honour to present to you the Annual Report on the health of the Bailiwick of Guernsey for the year 1970.

I have the honour to be, Sir,

Your obedient servant,

C. G. WHITE,

Medical Officer of Health.

The President,
Board of Health,
Guernsey.

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MEMBERS OF THE BOARD OF HEALTH

Conseiller A. N. Grut, President.

Deputy Miss E. Ferbrache, S.R.N., S.C.M. Vice-President from 1.5.70.

Deputy L. A. Mahy.

Deputy F. Le Poidevin.

Deputy Mrs. I. Pouteaux.

Deputy W. G. Wheadon. from 1.5.70.

Deputy J. A. C. de Garis. from 1.5.70.

G. H. A. Simmons, F.R.C.S.

A. B. Seth-Smith, F.R.C.S.

Secretary and Hospital Administrator—J. W. Sarre.

The following members also served during the year:—
Conseiller A. F. S. Mackay, Vice-President to 30.4.70.
Conseiller S. W. Gavey.

MEMBERS OF STAFF

Public Health Department		*Date of commencement of service with Dept.*
WHITE, Dr. C. G.	M.B.E., M.A., B.M., B.Ch., D.P.H., D.I.H. Medical Officer of Health	15.11.62
WITHERICK, Dr. Elizabeth H.	M.B., B.Ch., (Wales), Deputy Medical Officer of Health	24. 4.69
LEWIS, Mr. K. G.	Administrative Assistant to Public Health Dept.	4.11.68 to Aug. '70
CAIN, Mr. H. J.	Administrative Assistant to Public Health Dept.	1. 8.70
Health Inspectors		
BALL, Mr. J.	M.R.S.H., M.A.P.H.I. Chief Public Health Inspector	1. 9.64
BAIRDS, Mr. J. M.	M.R.S.H., M.A.P.H.I. Public Health Inspector	14. 3.66
EDWARDS, Mr. S. R.	A.A.P.H.I. Senior Assistant Sanitary Inspector	15. 1.46
LE TOCQ, Mr. S. A.	A.A.P.H.I. Assistant Sanitary Inspector	15. 1.46
Health Visitors		
ROBILLIARD, Miss M. G.	M.B.E., S.R.N., S.C.M. H.V.Cert. Senior Health Visitor/School Nurse	22. 7.68 up to May 1970
PREVOT, Mrs. M. D.	S.R.N., R.F.N., S.C.M. H.V.Cert. Health Visitor/School Nurse	1. 10.52
HORKAN, Mrs. M.	S.R.N., R.F.N., S.C.M., H.V.Cert. Health Visitor/School Nurse	1. 5.57
JOHNSTON, Mrs. I. A. R.	R.S.C.N., R.G.N., S.C.M. H.V.Cert. Health Visitor/School Nurse	18. 2.63
SIMON, Mrs. J.	S.R.N., S.C.M., H.V.Cert. Health Visitor/School Nurse	7. 2.66
RENIER, Miss H. M.	S.R.N., S.C.M., H.V.Cert. Health Visitor/School Nurse	1. 4.70
ERSKINE, Mrs. J.	S.R.N., S.C.M., H.V.Cert. Health Visitor/School Nurse	1. 7.70

INTRODUCTION

The following paragraphs are included for those who may read this report without any background information about the area it concerns.

The administrative area is the Bailiwick of Guernsey, which comprises the islands of Guernsey, Alderney, Sark, Herm and Jethou. Guernsey is the largest of these and the most westerly of all the Channel Islands: Alderney is the most northerly and but nine miles from the coast of France. Sark, Herm and Jethou lie between Guernsey and that section of the coast of France which contains the Bay of Avranches. Alderney and Sark each have their own Parliament, the States of Alderney and the Sark Chief Pleas. This is an over-simplification which must suffice for present purposes, but the student will not lack for much more detailed information elsewhere.

The Public Health Department functions within the Board of Health. The Board is a standing committee of the States of Guernsey, deriving its powers from Guernsey legislation and responsible to the States. This independence from the central government of the United Kingdom is what the stranger to the Channel Islands finds most difficult to understand. Nevertheless it is so and some 900 years of self-government since William, Duke of Normandy gained the English Crown, are sufficient proof of this.

GEOGRAPHICAL

The Island of Guernsey is seventy-five miles from Weymouth, forty-two from Cherbourg and sixty-one from St. Malo. Its area is 24.5 square miles and its highest point is 345 feet above sea level.

METEOROLOGICAL STATISTICS

SUNSHINE:

Total hours Guernsey (L'Ancresse)	1855.9	Sunless days 1970	58
Total hours Guernsey (Airport) ...	1675.9	Average 50 years	58
Average 50 years	1861.4		

Comparative sunshine hours 1970:

Highest total hours in the British Isles:

Shanklin	1951.2	Bognor Regis	1897.9
Swanage	1903.9	Jersey (St. Helier)	1887.4

RAINFALL:

Total inches 1970	35.30	Rain days 1970	190
Average 50 years	35.74	Average 50 years	184

TEMPERATURE:

	°C.	°F.
Yearly mean	10.2	50.4
Average 50 years	10.7	51.3
Mean daily range	4.8	8.7
Average 50 years	4.8	8.7

WIND:	Calm	N.	NE.	E.	SE.	S.	SW.	W.	NW.
Days in the year	11	31	28	30	25	40	56	93	51

Estimation of 1970 mid-year population

Because the first published figures of the 1971 Census are available before publication of this report, a closer estimate of the 1970 mid-year population can be made in the light of those figures.

The actual increase between the 1961 Census and the 1971 Census is 4333. Assuming an even rate of increase throughout those ten years, the 1970 mid-year population may be taken as the 1961 enumeration (45,066) plus 9/10ths of the increase 1961-1971 i.e. 48,966.

Using this as the denominator for the calculation of those rates expressed as 'per 1,000 estimated population' the following may be regarded as corrected rates 1970.

1970	*No.*	*Rate per* 1,000 *estimated pop.*	
Total deaths	616	12.58	(13.24)
Cancer (all forms)	91	1.86	(1.96)
Cancer of lung	20	0.41	(0.43)
Tuberculosis	2	0.04	(0.04)
Live births (total)	794	16.22	(17.07)
Marriages	465	9.05	(10.00)

The figures in brackets are the rates for 1970 based on the population estimate of 46,505.

Vital Statistics—Guernsey 1970

Population (mid-year estimate) 46,505

Area ... ... 24.5 sq. miles.

Population density (Guernsey only) $\frac{46{,}505 \text{ per sq. mile}}{24.5}$ 1898 per sq. mile.

	Number		Rate	COMPARISON 1965-69 Guernsey 5 yr. average	COMPARISON Latest available figure for England & Wales
Deaths (total)	616	Rate (crude)) per 1000	13.24	12.86	11.7†
		„ (corrected)) population	11.39	11.05	‡
Cancer mortality (all forms)	91	„ per 1000 population	1.96	2.56	2.4†
Lung cancer mortality	20	„ per 1000 population	0.43	0.52	0.62†
Tuberculosis mortality	2	„ per 1000 population	0.04	0.02	0.03†
Live births (legitimate & illegitimate)	794	„ per 1000 population	17.07	17.06	16.0†
„ „ (illegitimate only)	65	„ per 1000 live births	85.64	89.63	84.1*
Stillbirths	7	„ per 1000 births (live and still)	8.74	14.47	13.0†
Infant mortality (deaths in first year of life)	13	„ per 1000 live births	16.37	20.54	18.0†
Neonatal mortality (deaths in first month of life)	10	„ per 1000 live births	12.59	14.89	12.0†
Early neonatal mortality (deaths of infants under one week)	10	„ per 1000 live births	12.59	13.6	10.1*
Perinatal mortality (stillbirths and deaths of infants under one week)	17	„ per 1000 births (live and still)	21.22	27.9	23.4*
Maternal mortality	0	——	—	0.27	0.18†

* 1969.
† 1970 provisional.
‡ not available.

"Le monde est plein de fous, et qui n'en veut pas voir,
Doit se tenir tout seul, et casser son miroir."

Claude Le Petit

(1640-1665)

General Health

The year began in the middle of the Island's most virulent influenza epidemic for many years. In the final weeks of 1969 there had been increasing awareness of the presence of influenza and its virulence was emphasised by a marked increase in the number of deaths attributed to that infection. The prospect for January 1970 seemed ominous, yet, in the event, the infection became more widespread and rather less virulent. Throughout the epidemic mortality had occurred predominantly among older persons. In its later stages, while mortality decreased, the aftermath of bronchial and lung complications affected all age groups. Many did not really feel they had recovered their accustomed health until well into the spring. One can only reflect upon what might have been the outcome of such an epidemic without the present-day advantages of anti-biotics to combat the secondary infections following in its wake.

Having shaken off the influenza epidemic, the health of the Island regained its usual composure and 1970, as a whole, shows many instances of steadily improving health. Deaths from cancer (all forms) were strikingly diminished, the 1970 figure of 91 being 23% lower than the average of the preceding five years. (118.4) There is however, no indication that this represents a trend, for cancer deaths have risen gradually over the past twenty-five years.

Total deaths were 27 fewer than in 1969 while live births were 36 fewer than that year. The respective rates are recorded elsewhere and this year an attempt has been made to make comparison more meaningful by calculating the average of the preceding five years in certain instances. A population numbered in tens of thousands, such as ours, produces considerable variations from year to year when rates per thousand are calculated. To take the mean rate of the preceding five years tends to iron out the disparity in the figures for any two succeeding years. In this way, the year under study can be seen more clearly in relation to previous experience.

Population Statistics

Births

There were 794 births during 1970. This is a rate of 17.07 per 1,000 estimated population which compares with a mean rate of 17.06 per 1,000 population during the five years 1965 to 1969 inclusive. The provisional rate for 1970 in England and Wales is published as 16.0 per 1,000 population.

Illegitimate Births

Of this total number of births 65 were illegitimate, giving a rate of 85.64 per 1,000 live births. This compares with a five year mean of 89.63 illegitimate births per 1,000 live births. The comparable rate for England and Wales in 1969 was 84.1.

Stillbirths

Only 7 stillbirths occurred giving a rate of 8.74 stillbirths per 1,000 total births (live and still). The mean stillbirth rate for the past five years is 14.47 in Guernsey and the comparable rate for England and Wales for 1969 was 13.0. This low figure for 1970, taken in conjunction with all the year's statistics concerning maternity, will give satisfaction and encouragement to all those concerned with midwifery and ante-natal care and, while one year does not make a trend, one may hope that so low a stillbirth rate can be repeated in future years.

Marriages

There were more marriages in 1970 than the average of the previous five years. 465 marriages give a rate of 10.00 per thousand estimated population, compared with a mean of 8.88 for the years 1965-69.

Mortality

Before recording mortality statistics it should be stated that the year 1970 has been the first full year of the 'new' Guernsey death certificate. Until January 1st, 1970 the form of death certificate in this Island had been in use, unchanged, since the turn of the century. The new form, introduced at the beginning of the year, follows closely that recommended for adoption internationally by the World Health Organisation and bears a close resemblance, therefore, to the death certificate in use in England and Wales. For purposes of comparing the mortality experience of one population with another, this standardisation of the method of recording the causes of death is clearly a first essential. There are, however, other advantages, chiefly concerning the precision with which a cause of death can be related to the event.

It is not to be expected that the introduction of the new form will have had any very dramatic influence upon the mortality tables which appear later in this report. Nevertheless, the increased accuracy of recording and coding must have some influence when comparing the mortality experience of Guernsey in 1970 (and succeeding years) with records prior to 1st January, 1970. While one cannot be more specific on this matter, the balance of confidence rests in the use of the new death certificate.

A further point to be borne in mind, when studying the statistics which follow, is that 1970 is the final year of the intercensal period 1961 to 1971. Many vital statistics are expressed as "per 1,000 estimated population". The estimated mid-year population for any year is arrived at by applying a factor to the last recorded census figure. That factor is simply the mean annual increase (or decrease) during the ten year intercensal period between the last recorded census and the census preceding it: it is known as the intercensal factor. It assumes, for instance, that the population increased from 1962 to 1971 by the same amount proportionately as the same population increased between 1952 and 1961. This may be an unsafe assumption, but for lack of more exact means of calculating the population, this is the standard method used for estimating the mid-year population for any given year.

1971 will see a new census of population and the results will be more quickly available, because Guernsey is conducting its own evaluation. The error between the mid-year population which would have been estimated for 1971 (without a census) and the actual enumeration, will be immediately apparent to anyone who

cares to undertake a little arithmetic, once the 1971 census figures are published. It is inherent that by however much the population trend during 1962-71 may have differed from the intercensal factor calculated from the period 1952 to 1961, that difference is likely to have its greatest effect at the end of the intercensal period—i.e. in 1970. Nevertheless, there is no alternative to expressing the vital statistics for 1970 as a proportion of the estimated mid-year population for 1970 and these are the figures which follow.

Not all the vital statistics are so affected. For example, infant mortality is expressed per thousand live births during the year and thus these figures are unaffected by estimates of total population. The number of live births for any given year is an actual enumeration of the live births occurring in that year. Thus fractions or proportions of that total may be compared with confidence against similar proportions for other years.

Deaths

The estimated mid-year population for Guernsey alone (not including the other islands of the Bailiwick) is 46,505. There were 616 deaths giving a crude rate for the year of 13.24 per 1,000 population. The mean rate for the past five years is 12.86 per 1,000 population. In England and Wales in 1970 the provisional rate is published as 11.7 per thousand population. Corrected for the age and sex distribution of the Island, the corrected death rate for Guernsey is 11.39 per thousand, which compares with a mean of 11.05 for the years 1965 to 1969.

Infant Deaths

In 1970 there were 13 deaths of infants in the first year of life, which is 16.37 infant deaths per 1,000 live births. The mean infant death rate in Guernsey during 1965-69 was 20.54 per 1,000 live births and for England and Wales 18.0.

Of these 13 infants, 10 died in the first month of life (neonatal deaths) all of whom died in the first seven days of life (early neonatal deaths). Thus the neonatal and early neonatal death rates are the same, 12.59 per 1,000 live births. The neonatal death rate (in the first month of life) compares favourably with the mean of the past five years of 14.89 per 1,000 live births; the comparable figure for England and Wales in 1969 being 12.0 per 1,000 live births.

The early neonatal death rate (12.59) is lower than the mean of this rate for the past five years, which is 13.6, during which the highest rate recorded was 21.6 (1967) and the lowest 9.8 (1965).

Perinatal Deaths

In 1970 there were 7 stillbirths and 10 early neonatal deaths, yielding a perinatal death rate of 21.22 per 1,000 births, both live and still. The five year mean is 27.9 with a highest recorded in those five years of 42.3 (1967) and the lowest 21.48 (1969).

Maternal Deaths

There were no maternal deaths in 1970. The mean of the past five years is 0.27 maternal deaths per 1,000 total births (live and still). In England and Wales in 1969 the maternal mortality rate was 0.19.

Principal Causes of Death

The three principal causes of death are diseases of the heart and circulatory system, diseases of the chest and respiratory system and cancer (all forms), in that order.

Group VII diseases (circulatory system) accounted for 283 deaths, 153 males and 130 females. This represents 46% of all deaths, 47% of all male deaths and 45% of all female deaths. Of the male deaths, all but one (152) occurred over the age of 45. In the 20 year age grouping 45-64 years there were 38 male deaths (45% of all deaths in this age-group): in the 10 year age grouping 65-74 years, 58 male deaths were due to circulatory diseases (53% of this age group) and in ages over 75 years, 56 male deaths (47% of this age group).

The mortality experience of females from Group VII diseases may be compared from the following table.

FEMALES

Age Group	*Deaths*	*Proportion of all deaths in age group*
45-64	14	35%
65-74	31	51%
75 + ...	84	48%

Within Group VII the commonest cause of death is acute myocardial infarction. The striking thing about this condition is the toll it exacts among males in the 45-64 age group.

	MALES		FEMALES	
Age Group	*Deaths*	*Proportion*	*Deaths*	*Proportion*
45-64	23	60%	5	36%
65-74	22	38%	6	19%
75 + ...	14	25%	14	17%

(The proportions expressed are the deaths per hundred deaths in each age group attributed to diseases of the circulatory system. These percentages are expressed to the nearest whole number). The difference between the sexes is a feature common to populations with a comparable living standard.

The vulnerability of the middle-aged male to sudden and untimely death from 'a heart attack', just at the age which corresponds with his acceptance of greatest responsibility both at home and at work, is a sombre subject for study throughout the medical world. If he can survive the first few hours of the onslaught of cardiac ischaemia, his life may be preserved to an almost normal span. Only those who survive have the opportunity for applying the corallaries to their bitter lesson. The dead cannot instruct. Life after a heart attack can be full, productive and rewarding. The object must be to increase the survivors and cut the mortality.

In this connection, the initiative of a group of Guernsey doctors, ably led, in this very field of swiftly easing the overburden to the ailing heart, bids fair to extend beyond our shores. If those initial hours can be properly conducted, the harvest—not only of lives saved, but productive lives preserved—cannot but have a profound influence in any community. Any one disease which can be identified as responsible for 27% of all male deaths in this important age group must surely be tackled with vigour. This proportion is Guernsey's experience in 1970: it is exceeded elsewhere.

Group VIII diseases (respiratory system) accounted for 118 deaths, or 19% of all deaths. No deaths, male or female are recorded as occurring to persons under the age of 45 years. The pattern of mortality by age and sex in Group VIII is given below.

	MALES		FEMALES	
Age Group	*Deaths*	*% of all deaths in age group*	*Deaths*	*% of all deaths in age group*
45-64	17	20%	6	15%
65-74	15	13.6%	11	18%
75 + ...	25	23%	44	23%

Of the respiratory diseases bronchopneumonia is by far the commonest recorded cause of death. 61 deaths (of the 118 attributed to Group VIII) or 52% are certified as due to bronchopneumonia (26 of 57 males, or 46%: 35 of 61 females, or 57%). Cancer of the lung is dealt with in the ensuing paragraphs concerning cancer (all forms), the third of the three commonest causes of death.

Group II diseases, malignancy in all its many manifestations, is the third of the commonest causes of death in Guernsey. This year, 1970, cancer deaths fell below three figures for the first time in 9 years. Indeed the total of 91 deaths is the lowest for 14 years and 23% lower than the average for the past five years. Regrettably I cannot hail this remarkable reduction as the forerunner of a trend, or the response to any innovation. It is a characteristic of small populations that the statistics for any given quality may show considerable variation in consecutive years. The appreciation of mercy increases with wisdom and wisdom, we are told, increases only with years. Perhaps gratitude is the proper reaction to this relief—lest we forget it may only be fleeting.

Of all cancer deaths, males experienced 59 and females 32. One occurred in a boy in the 5-14 year age group and another in a girl of the same order of age. 8 occurred in the 25-44 age group (4 men and 4 women): 28 in the years 45-64 (17 men and 11 women). In the next ten year age group only 5 women died of cancer, but 24 males succumbed, half of them to cancer of the lung. Over age 75 the sexes are almost equal, 13 males and 11 females, with no striking predominance of site of election for malignancy in either sex.

Cancer of the Lung

Cancer of the lung, bronchi and respiratory passages accounted for 20 deaths in 1970, slightly below the average for the past decade (22.6). As a proportion of deaths due to all causes they are lower than the average for the past 15 years (3.2:3.96) but as a proportion of deaths from all forms of cancer they are higher than the average of the last 15 years (22.0:20.6). The trend is a gradual but continuing increase in deaths from lung cancer, although a better picture of the past 16 years' experience of lung cancer deaths expressed as proportions of all deaths and of all deaths due to cancer (all forms) can be gained from studying the table on page 52. Perhaps the most striking feature about these figures is their consistency, particularly if the means of the three five-year periods are compared. However, if one regards cancer of the lung as a form of cancer which is largely preventable, no grounds for complacency remain.

This is cold comfort to the cigarette smokers, for they must acknowledge the increased risk they run by virtue of their addiction. It is twenty years since the correlation between an increased experience of lung cancer and cigarette smoking

was first indicated by Bradford Hill and Doll. Prodigious and widespread research since has only served to bear out the validity of their original work, with but insignificant modification. It is already too late to claim disbelief: the survival of the nonagenarian cigarette smoker can no longer be held as disproof. Rock is rock and sand is sand, it is true yet the rock is ground into sand while the rock still stands.

Guernsey is unfortunate enough to be the target of special sales promotions for cigarettes. The advantageous price of tobacco is among the inducements offered to our visitors, each of whom is acquainted, by almost every passing public vehicle, with the allocation he may take away with him—not as tobacco in any form, but as cigarettes.

A solo circumnavigator, in his fascinating account of an unique voyage, identifies the insidious factor in this problem. After his return, when he had been without his modest ration of cigarettes for some weeks (through exhaustion of that particular store) he found himself, almost reluctantly, smoking them again. It was the availability of the cigarette which seemed to him to be the prime factor in his reversion.

Available the cigarette most certainly is. It is far easier to buy a packet of cigarettes on a Sunday afternoon than a loaf of bread. Somebody, somewhere offers cigarettes for sale in every imaginable circumstance and at almost any time of day or night. Such a service would be wholly admirable were it not harmful. There would seem to be an incongruity here which might bear examination.

These three main headings account for 80% of all Island deaths (492:616): of males 82.5% and of females 77%. For the remaining fifth of our mortality the diligent will find tables later in this report, which will provide the detail required. One can dwell overlong upon mortality.

Cremations

There were fewer cremations in 1970 than in the preceding year, the first time that the upward trend of preference for cremation has checked since the crematorium was closed for modernisation in 1966. There were 184 cremations in 1970 as against 195 in 1969, a drop of 11, or 5.6%. In 1970 there were 616 deaths and in 1969, 643 deaths, a drop of 27 or 4.2%. The hiatus is therefore a real one and may be the first indication that cremation may 'level off' at about 30% of all disposals of the dead. If cremation has reached a plateau (although this is by no means certain) those authorities responsible for planning consecrated ground for earth burial may wish to take note of this possible trend. Prejudice apart, there can be no doubt that cremation is to be preferred to earth burial when ground is at a premium, as is bound to be the case in an island of little more than 25 square miles. However, this matter of cremation versus earth burial is a highly individual choice. One can but observe the exercise of that choice and prepare to match facilities to it.

	Total	
1966	111	includes 22 transferred to Jersey crematorium during renovation of the Guernsey crematorium.
1967	129	
1968	149	
1969	195	including 4 from elsewhere.
1970	184	including 7 from elsewhere.

Notifiable Infectious Diseases

Altogether 51 notifications of infectious diseases were received during the year, but this included 12 cases of skin infection by Sarcoptis scabei (scabies) a condition which has not yet been deleted from the list of statutorily notifiable diseases. Excluding this there remain but 39 notifications, which is considerably less than one would have expected. The explanation is, I regret to have to say, an absence of notifications rather than a freedom from infectious disease.

There were 14 notifications of new proven or suspected cases of pulmonary tuberculosis, three of whom died, but one of these was found to be due to cancer of the lung. One pulmonary tuberculosis death was only diagnosed as such post-mortem, the case having presented as a fulminating bronchopneumonia. The course of the illness was short and death supervened before the true nature of the infecting organism was identified. Of the eleven T.B. notifications remaining one was subsequently found to be suffering from a non-infectious pulmonary condition other than tuberculosis, and two cases returned to the mainland. There remain, therefore, 8 new cases of pulmonary tuberculosis undergoing treatment.

I must again emphasise that pulmonary tuberculosis is no less virulent an infection than it has ever been. Some people, my colleagues among them, appear to be shocked to learn that consumption is not a thing of the past, which should no longer occur. If this dog is dead, then it certainly will not lie down.

No new cases occurred among children, but children are at risk from grand-parents (and sometimes parents) who are unaware, and whose doctors are unaware, that they are harbouring the wily Mycobacterium. For this number of new T.B. notifications the only explanation is a hidden reservoir of unsuspected infection. Contact surveys surrounding new cases (and all tuberculin positive conversions discovered in school-children) are conscientiously carried out, but all too often prove singularly unrewarding in identifying the source of infection. The B.C.G. vaccination programme, carried out in conjunction with the School Medical Service, still, fortunately, protects some 95% of susceptible children—those who show a tuberculin negative reaction in the tenth year of life. While this encouraging acceptance rate for B.C.G. vaccination continues, one can yet hope to eradicate phthisis from the community. For those persons who do succumb to the infection, treatment is simple and swift, by all latter-day standards. The answer to this entrenched infection lies in early detection and diagnosis, followed immediately by appropriate treatment. It will not go away if we only hide our heads in the sand.

Three cases of meningitis were notified, one due to the meningococcus. Four cases of scarlet fever were notified, two in January and two in December. One case of puerperal sepsis occurred in September.

Four cases of dysentery occurred in July, all confined to a single family. The causative organism was found to be S. flexner and all responded very swiftly to treatment. The origin of this curious little outbreak remains a complete mystery. There have been no such notifications for many years—and none since. No member of the family had travelled further than to cross the Little Russell. No common item of food within the household was incriminated. How the infection arose will probably never be established. It must suffice that there has been no spread of infection, nor any recurrence, from which one must derive all the satis-faction that this peculiar situation has to offer.

A more worrying infection occurred in May when a child admitted to the Princess Elizabeth Hospital with diarrhoea was found to be passing Salmonella

paratyphi. This was subsequently identified at the Central Public Health Laboratory, Colindale as phage type 3b. There was some confusion over notification and the total delay, from the date of the child first developing symptoms to the commencement of screening tests, was nearly four weeks. Paratyphoid had not been suspected in the early stages and the child was not admitted until the ninth day of his illness. He was admitted because of failure of the diarrhoea to respond to treatment, although still under treatment. It was due to the thoroughness of the Ward Sister that the diagnosis was ever confirmed, because the child improved so rapidly in hospital, responding at last to ampicillin, that there was an opportunity for only a single specimen to be sent to the laboratory. The Ward Sister had not missed this one opportunity and the diagnosis was established beyond doubt.

The screening of family contacts, although begun so late, yielded three more cases, all in the same family group, only one other of whom was so ill as to require admission to hospital. Of the two other cases one was identified as the carrier and the chain of infection was revealed. How long the carrier had been harbouring the organism cannot be estimated, but the likelihood is strongly in favour of the original infection having been contracted on the Continent at least two years before —and probably longer. Colindale confirmed that S. paratyphi phage-type 3b is not a commonly occurring strain, but the resources of their Enteric Reference Laboratory were unable to provide positive epidemiological information which might have established the original source.

No more cases were discovered and none notified. The infection remained confined to this one family group and three of the four cases eventually responded to treatment. The carrier remains under surveillance, for treatment may have to be prolonged. Without the highly commendable patience and co-operation of this affected family the outcome might well have proved less satisfactory. In the event, no-one outside that family, their family doctor and my staff was ever aware, at the height of the visitor season, of the potential hazard in our midst. This account can now be given because that particular chapter is closed and anonymity preserved. It would not be complete, however, if I do not record my very sincere appreciation of the patience and persistence of my deputy, Dr. Elizabeth Witherick, to whom fell the major burden of making control effective.

While all this was going on, indeed, while two of the paratyphoid cases were undergoing treatment in hospital, a practitioner informed me that he had reason to suspect that a visitor, who had arrived in the Island only the day before from East Anglia, could be suffering from typhoid fever. He had not waited for bacteriological confirmation before seeking the Department's help—a step with which I was in full agreement. A full-scale operation began within the hour to trace all visitors from the same establishment who had been in contact with this guest and returned home. The health authorities of all recipient areas, including addresses in Scotland, Wales and East Anglia, were advised of possible typhoid contacts entering their districts and this was achieved before 6 p.m. on the day of notification. The patient (and his wife, who was sympton-free) were both admitted into isolation and the agonising wait for laboratory confirmation began. The patient improved under non-specific treatment and his wife remained symptom free. No other cases were notified.

Due to the necessity for sub-culture, no firm answer could be expected from the laboratory for 72 hours. When it came, it provided a welcome anti-climax, for the organism proved to be Salmonella panama, a mimic of typhoid even in the test-tube, but of infinitely lesser virulence. This was subsequently confirmed by

Colindale, but meanwhile the visitor and his wife were fit enough to return to their home in a well-known market town, near which an epidemic of S. panama had been causing the local health authority some concern for several months.

While this scare had a happy ending, it does highlight the vulnerability of any community which attracts tourists. We are, to some extent, at the mercy of the health of our visitors. This particular patient had not been feeling well for some days before his departure for Guernsey, but he had stuck to his plans in the belief that he needed his holiday and it would do him good. In the event he saw little more of Guernsey than the inside of my isolation ward—and his visit put years on me.

King Edward VII Hospital

	Admissions	*Deaths*
Geriatric	8	4
Pulmonary T.B.	8	2
Paratyphoid Fever	2	—
Salmonellosis	1	—
Flexner Dysentery	1	—
Shingles	2	—
Total ...	22	6

The Sexually Transmitted Infections

The subject of venereal disease is one which most people prefer not to know about, let alone examine in any detail. Nevertheless, its existence is a fact and trying to sweep it under the carpet serves no purpose at all. With the help of Drs. Strickland and Cambridge I have attempted to identify the sources and areas of these infections in more detail than earlier annual health reports have shown.

The figures which follow refer only to those cases attending the special clinics. For the male section they probably represent almost the whole incidence of the sexually transmitted diseases among males, but Dr. Cambridge and I share considerable doubts upon whether the reported incidence of these diseases among females is truly representative. We have an uncomfortable feeling that we may only be seeing "the top of the iceberg" and we know that we must test this doubt and come forward to the Board of Health with proposals to answer our problem. Untreated venereal disease, particularly in the female, causes untold miseries, including childlessness, chronic ill-health and despair. If present provisions for treatment are inadequate or unacceptable, (but this is not yet established beyond doubt), then some answer must be found to redress these shortcomings.

65 per cent of patients contracting venereal disease are in the 20-29 year age-group (108: 166 males, 65%, and 15: 22 females, 68%). However, 26 cases occurred among teenagers, or nearly 14%. (20: 166 = 12% males and 6: 22 females = 27%). That over a quarter of the female cases are contracted under the age of 20 years is disquieting and doubtless many valid reasons will be adduced in explanation of this. Probably the most important is that, now the risk of unwanted pregnancy can be removed by means of the contracteptive pill, the risk of venereal disease is ignored—or are these youngsters ignorant of the risk? Perhaps they are insufficiently informed to assess the risk, and this might seem to them to be the less

because, if they try to pretend that the intial, tiresome symptoms are not there, sure enough, in a few days those symptoms will go away—as the infection invades her body more deeply. Early treatment is rapidly effective, but when the second stage of invasion has taken place, treatment is rendered many times more difficult. By now she has issued an invitation to tragedy, whatever invitations may have preceded it.

Total attendances at special treatment clinics.

Age group	15-19	20-29	30-39	40+	*Total*
Male	20	108	31	7	166
Female	6	15	1	—	22
	26	123	32	7	188

Of the 166 male cases 138 (83%) are from four classifications: seamen 31 (18.7%), imported labour 37 (22%), hotel staff 34 (20.5%) and visitors 36 (22%). As to sources of infection, 27 males (16.3%) reported having contracted their disease from local inhabitants, while 138 (83%) contracted it locally either from visitors to the Island or temporary workers in the Island.

Health Visiting

The Health Visitors have again achieved a remarkable volume of work, only the skeleton of which is sketched in by the table of figures which follows at the end of the Report. Sixty per cent of total visits concerned babies and children under school age and all too often it is thought, particularly in certain administrative circles, that showing young mothers how to feed their first-born is the sum total of their work. In the year when the Seebohn report in England came under study, the projected role of the academic social worker has so caught the imagination of some people that the quality and experience of Health Visitors has been all but swept aside. The table will show that health visiting includes old persons (1,492 visits), the mentally disordered (68 visits), problem families (59 visits), infectious households (205 visits) and a multiplicity of other matters which defy categorisation, but include health education, persons arriving unvaccinated from infected areas in the world, following up and reading tuberculin tests and requests for advice on matters too numerous to mention (846 visits).

The Health Visitor is, first and foremost, a nurse. But she cannot even apply for the intensive, year-long course for the Health Visitor's Certificate until she has achieved States Registration and qualified as a midwife. The training she undertakes for her Health Visitor's Certificate includes much social case work, requires the undertaking of a project on a subject of public health interest, teaches her how to instruct in health education, from the fireside chat to the formal lecture and thoroughly prepares her for her role in the wide field of preventive medicine. She is the Medical Officer's front line of defence—and attack—in this field. Learned committees have studied the tasks which fall to the Health Visitor in relation to new structures in social services and in community nursing. They find that her duties cannot be amalgamated with any other discipline, nor can they be undertaken by any profession less qualified or less experienced. Not only is her future assured, but it assuredly rests with the medical profession, to which she belongs by right.

This year we welcome two new Health Visitors to the Department, both of them Guernsey born. Miss H. Renier S.R.N., S.C.M., H.V.Cert. returned in April from Leicester, where she had specialised in the ascertainment of, and provisions for deaf children. Mrs. J. A. Erskine S.R.N., S.C.M., H.V.Cert. joined the Department in July. This still left one post unfilled for the remainder of the year. It is all the more creditable therefore, that short-handed throughout the year as they were, the Health Visitors met the work of the full staff. Efforts to recruit from the mainland were unsuccessful.

Before the end of the year it became clear that the Health Visitors would best be allocated their work in alignment with the group practices. For many years Health Visitors have held the dual appointment of Health Visitors/School Nurse. Because each is allocated certain schools, their work falls naturally in the district in which live the children attending those schools. The development of practice attachment of Health Visitors on the mainland is clearly proving advantageous, both to general practice and to community medicine. The decision has been taken to institute practice alignment in the New Year, whereby Health Visitors will be allocated to each of the group practices, to work in conjunction with the partners of that practice. It is to be expected that this will not only lead to a more selective and efficient deployment of the Health Visitors' skills, but also to much closer links with the curative medical services undertaken by the group practices. It can also be anticipated that this development will result in improved service to the community.

Accidental Poisoning—Children

During 1969 my attention had been drawn to the number of instances of children requiring admission to hospital because they had swallowed potentially poisonous substances, varying from aspirin tablets to turpentine. With the assistance of publicity given by the Editor of the Guernsey Evening Press and Star, to whom my thanks are due, the number of admissions per month dropped swiftly. By the end of the first quarter of 1970 the total admissions were fewer than there had been in a single month before publicity began. For some reason, not yet identified, admissions doubled during the second quarter of the year, but then dropped again for the remainder of the year.

A clear pattern emerged. The age group concerned is exclusively from 12 months to under 5 years old, the inquisitive toddler to the bored, pre-school child. Boys are more likely to poison themselves than girls and tablets are the most attractive item. Since aspirin is probably the tablet most likely to be found in any household, it follows that aspirin figured predominantly in those cases where tablets were responsible. Almost half the year's total of 34 cases were due to children swallowing tablets or medicines (16): almost a quarter were caused by inquisitive children drinking strange liquids, from turpentine to hair remover (8) and a further 6 were due to eating various berries.

The incidence of admissions is given, month by month, in the table below. But, let it be remembered that no fatal case occurred during the year and the very great majority of children were all able to be discharged home on the same day. This good fortune can be ascribed to swift and effective medical aid rather than chance. It is safe to say that, without medical aid, fatalities would have occurred.

Accidental Poisoning of Children—1970

Admissions to hospital by sex and date of admission.

Month	*Boys*	*Girls*	*Total*	
Jan.	1	1	2)	
Feb.	2	3	5)	
Mar.	—	—	—)	7 in 1st quarter
April	2	3	5)	
May	3	2	5)	
June	3	1	4)	14 in 2nd quarter
July	—	1	1)	
Aug.	2	2	4)	
Sept.	2	—	2)	7 in 3rd quarter
Oct.	2	2	4)	
Nov.	1	1	2)	
Dec.	—	—	—)	6 in 4th quarter
	18	16	34	

Cigarettes and Schoolchildren

A survey carried out among children whose age averaged 14.5 years gives some indication of the early development of cigarette smoking. The survey was achieved by a direct question, put to each child in privacy, asking if he or she smoked cigarettes. Denial was recorded as negative and admission as positive. No attempt was made to wheedle information out of them to modify the reply volunteered in answer to this confrontation.

Altogether 657 children were asked this question. 126 admitted to cigarette smoking, or 19.2%. The proportion is considerably higher for boys than for girls. Of 352 boys, 82 admitted to smoking, which is 23.3%, while of 305 girls, 44 smoked cigarettes, or 14.4%. Taking schools as community entities, schoolboys varied from 4% to 48% smokers, schoolgirls from nil to 25%. It was interesting to observe that at the same school at which 48% of boys questioned admitted to smoking, 25% of girls attending the same school smoked. At the school at which only 4% of the boys admitted to smoking, 18.5% of the girls said that they smoked.

It would seem that, broadly speaking, one boy in five is smoking by the age of fifteen and one in seven girls. There are considerable variations on this generalisation: nevertheless, in terms of cigarette consumption, it cannot be denied that this is too much and too soon. So much for the effect of efforts so far employed to discourage smoking in the young. For those of us concerned with health education it is a case of "back to the drawing-board".

Care for the Aged

Much thought was given during the year to provision for caring for the aged. Not only did the States approve the proposals of the Board of Health and the Housing Authority for each to build accommodation, which will together add 100 places for the aged and senescent, but approval was given for the creation of a new appointment, that of Geriatric Physician, to co-ordinate the domiciliary and institutional care of those in need of it. Dr. Kenneth Wade was appointed before the year's end to take up these duties early in the New Year of 1971. This is an

imaginative and constructive step forward towards solving the problems of the increasing population of the aged. I wish Dr. Wade all the patient co-operation I have had in my attempts to undertake the task he soon accepts. He brings new ideas and past experience to bear upon a problem needing just these attributes. I pass on to him a waiting list characterised by a certain stasis, as the following table will show.

Geriatric Waiting List as at 1st January

	1966	1967	1968	1969	1970	1971
Total waiting list	106	108	104	101	106	94
Males	—	44	42	37	33	29
Females	—	64	62	64	73	65
Deaths during year	— 29	— 36	— 39	— 66	— 75	—
Admissions during year	— 60	—104	— 74	— 86	—103	—
Added to waiting list during year ...	+ 91	+136	+110	+157	+166	
Waiting list as at 31st December ...	108	104	101	106	94	

Environmental Health

Mr. John Ball, Chief Public Health Inspector, has given a very detailed summary of the work of the Health Inspectorate during the year, which will be found elsewhere in this Report. I must, however, assert that the Health Inspectors have been short-handed throughout the year. Advertisement brought no shortage of applicants for the vacant post, but again, appointment of the selected applicant was negatived by the consideration of housing alone. Trained and qualified personnel no more grow on trees than they can live in holes in the ground—and how many have the sort of financial resources which would enable them to compete with the rentier? Nevertheless, short staffed though they were, three inspectors did their best to match the work of four, and a very commendable effort they have to record.

During the year the States approved the Projet de Loi, Food and Drugs (Guernsey) Law 1970, which awaits the fixing of a commencement date in 1971. This Law, aimed at raising standards and not creating a new class of criminal, will engender much detailed, subordinate legislation, which will involve the Department in an increased work load in the years to come. Nevertheless, a community which hopes to attract tourists, let alone one which claims tourism as a major industry, cannot afford to fall down on standards. The introduction of this legislation is already overdue and is no discredit to this Island.

One further matter I venture to enlarge upon from my Chief Public Health Inspector's annual report, and this concerns rodent control. Nearly three quarters of the calls answered by the Department's staff concern non-domestic, that is to say, commercial properties—properties which exist to do business—and the end product of any business is profit. I ask myself if it is a proper disbursement of public monies, in wages and materials, so to subsidise businesses—and I cannot, yet, justify this. The depredations of rats can be devastating to the grower, and most disagreeable in a hotel. But whether or not it is right for my staff to be employed in this way I must refer to other authority. Meanwhile, my staff do undertake this task and their services are accepted as of right. Yet I question whether that right exists.

For the greater part of the environmental health task I refer you to the report of Mr. Ball. New housing proceeds apace and cesspits multiply by hundreds each year. Imaginative schemes of foul drainage disrupt the traffic during their protracted construction, but I must, and I am well content to leave by far the greater part of these problems to my good colleague, the States Engineer.

Fluoridation of the Guernsey Water Supply

In the spring of 1970 the Board of Health found itself unanimously in favour of placing before the States a proposal to introduce fluoride into the Island's water supply. This proven public health measure had been advocated by all my predecessors for many years. It was my good fortune to have the full support of the Board to proceed further with this much needed service to the community.

Guernsey water is grossly deficient in the fluoride ion. It has been estimated in minute traces, of the order of 0.04 parts per million at most. This is but four hundredths of the optimum proportion. Such is only to be expected in a small island, where rainwater reaches storage soon after it has fallen. The reflection of this fluoride deficiency is observable in the average dental state of children attending our infant schools. Teeth which develop in a relative absence of fluoride ion are more prone to early decay. Due to hereditary factors and a sound diet, some children start school with every tooth perfect—but these fortunate few are very much in a minority. Every phase of dental caries is to be observed, from a single cavity in one tooth to the mouth without a single, recognisable tooth—and I have observed this, repeatedly, in my eight years of examining Guernsey's schoolchildren. I have never underestimated the value of fluoridation to this community I serve. It is sorely needed.

It seemed to the Board of Health that, in a matter of public interest such as this, the statutory twelve days' notice of a proposal coming before the States was meagre. For this reason the subject was announced by press release some weeks beforehand. Public reaction was, at first, slow to manifest itself, until the initiative for resistance was passed outside the Island. The National Pure Water Association, notably the London Branch, hastened to the aid of a population they were convinced was about to be poisoned by the diabolical intentions of its appointed medical adviser, aided and abetted by its elected health committee. Not only was the correspondence column of the Evening Press and Star bombarded by letters from persons without the least shred of responsibility to this community, but every Conseiller, Deputy and Douzenier, whose address that association could obtain, was canvassed relentlessly to the very hour of the debate. It is the self-appointed task of the National Pure Water Association to resist fluoridation by creating doubt, counting upon the relative ignorance of the average citizen on this subject. If they could only be as careful of their facts as they clearly are of their organisation, they may yet perceive the harm they do.

A public meeting was drummed up by the opposition, using loud-hailer motor vehicles, hand-outs, press and television. A Statesman from another island was even invited as guest speaker, an invitation which was accepted. That meeting was distinguished by two things: chaos, and the inability of the platform to answer questions from the floor. By contrast, the Public Meeting called by the Constables of St. Peter Port before the debate, though well attended by the opposition, was conducted in vigorous good order, thanks to the Constables, and no

question went unanswered. In just under two and a half hours no further questions were forthcoming, even from the opponents to fluoridation, all of whom sat upon one side of the centre aisle of the hall, divided as surely as the guests at a wedding.

In the event the Board of Health's motion before the States was lost—by a single vote. Had the balance been reversed by the same margin, I am certain that the Board members would not have regarded themselves as having a mandate to proceed with fluoridation—and properly so. An innovation needs greater evidence of support than a single vote. Nevertheless, if the protagonists of fluoridation failed to establish a clear majority, then so did our opponents. By this I should have been more encouraged than despondent: yet the knowledge of an opportunity —so narrowly missed—of achieving something so necessary, so beneficial and so worthwhile, is not remembered without bitterness.

The time will come when Guernsey people will ask, not "Why should fluoridation be foisted onto us?" but, "Why have we not the advantage of fluoridation already?" It is not upon my conscience that the opportunity was missed in 1970.

REPORT OF MR. J. BALL, CHIEF PUBLIC HEALTH INSPECTOR, for the year 1970

Total number of complaints formally made during the year was 1170, comparing with 1201 for the year 1969.

Rodent (i.e. rats and mice) complaints, in addition, totalled 2763 but this matter is referred to in detail under a separate section later in this report.

The year 1970 was attended during the latter 7 months by an unprecedented wasp activity and Public Health Department assistance in dealing with the eradication of this nuisance was sought on 611 recorded occasions. The true number of infestations actively dealt with by the Department may be considerably higher than this declared figure, because informal demands were often satisfied by technical staff whilst 'on district'.

The following table refers to and includes classified and routine visits and inspections carried out by the Public Health Inspectors in the general category.

Total Visits during 1970

Housing inspections	(130)	147
Housing—revisits	(325)	191
Overcrowding complaints	(21)	29
Drainage—initial visits	(205)	154
Drainage—revisits	(278)	298
Drain tests applied	(43)	44
Drain tests—revisits	(58)	51
Septic tanks	(11)	19
Public sewers	(8)	20
Streams etc.	(22)	52
Public conveniences	(348)	118
Verminous premises—visits	(161)	84
Disinfestations	(119)	83
Carried forward	(1729)	1290

Brought forward	(1729)	1290
Atmospheric nuisances	(65)	63
Noise nuisances	(22)	16
Abandoned vehicles	(8)	3
Refuse accumulations	(69)	79
Controlled tips	(72)	78
I.D. investigations	(15)	19
I.D. other visits	(41)	92
Workplaces	(5)	4
Factories	(4)	—
Schools	(9)	5
Caravans	(24)	4
Camping sites	(5)	5
Rodent control—visits	(44)	36
Rodent control—revisits	(48)	22
Visits to Herm	(3)	2
Visits to Alderney	(5)	2
Visits to Jethou	(—)	1
Visits with other departments	(37)	41
Miscellaneous visits	(91)	163
Unsuccessful visits	(35)	30
Plans inspected	(59)	75
Complaints from parochial authorities	(6)	19
* Wasp infestations destroyed		317
TOTAL	(2396)	2366

I.D. = Infectious disease.
The figures within brackets refer to corresponding visits during the year 1969.
* No corresponding figure for 1969.

HOUSING

Statistics of housing visits and inspections show a total of 338 visits divided into 147 initial visits, (i.e. investigation of complaints associated principally with disrepair and suggested unfitness) and 191 subsequent revisits.

Three dwellings were formally closed during the year, the occupants being rehoused in two cases by the States Housing Authority; in the other case alternative accommodation being obtained privately.

The three dwellings were deemed unfit as follows:

1) A cottage dwelling showing an active vertical fracture on the exposed gable wall, and internally of low ceiling height and lacking basic amenities of water supply, sink and drainage and lacking suitable sanitary accommodation within reasonable distance.

2) A cottage dwelling, the rear pitch of the roof of which was so badly defective as to render the dwelling not reasonably fit for occupation for human habitation in that respect alone, but also lacking essential amenities as mentioned in the first-named cottage.

3) A ground floor storage premises occupied for family habitation with no thermal insulation and provided with no essential amenities whatever.

Comment and opinion of the Chief Public Health Inspector

One of to-day's most regrettable social evils in the field of housing is compounded of the lack of enforcement to achieve repair, and of encouragement by inducement to achieve modernisation, reconditioning, improvement and rehabilitation of many of the artisan-type tenanted dwellings on the Island. There seems to be an active resistance by too many owners even to maintain such properties in habitable condition engendered, perhaps, by an inflated market for the sale of properties and sites for possible development purposes. Far too often the financial and moral onus of rehousing displaced tenants is passed on to the States Housing Authority. No less than 35 evictions were ordered in the Court during 1970.

A fit dwelling, whether privately or publicly provided, with at least the minimum standards of accepted amenity and at a fair rent (or within a commitment the occupier can afford) and with security of tenure to enjoy such occupation, is surely a basic human need and right in the concept of modern living.

The following table refers to the work of the Public Health Inspectors in the matter of food control, food premises and food hygiene inspections.

Sampling—food	(17)	20
milk	(4)	—
ice cream	(77)	12
water	(44)	22
Swimming pool water (Bact.)	(3)	2
Swimming pool water (Cl_2 and pH)	(131)	123
Food consumer complaints	(42)	46
Food complaints—other visits	(187)	157
Food surrender	(179)	169
Restaurants, cafes etc.	(222)	338
Bakehouses	(26)	44
Canteens	(10)	7
Licensed premises	(7)	7
Hotels, guest houses	(208)	443
States Dairy and milk depots	(31)	44
Farms	(80)	68
Wet fish dealers	(12)	2
Fish and chip shops	(50)	43
Grocers	(141)	215
Greengrocers	(9)	3
Butchers	(21)	11
Confectioners (bakery)	(41)	35
Wholesale/storage depots	(23)	32
Vending machines and sites	(4)	4
Beach kiosks	(48)	26
Food factories	(8)	19
Retail market	(8)	9
Visits with other departments	(149)	87
Miscellaneous visits	(222)	158
Unsuccessful visits	(82)	45
Carried forward	(2085)	2192

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Brought forward	(2086)	2192
Refuse accumulations	(24)	23
Food poisoning—investigations	(3)	3
Food poisoning—other visits	(18)	26
Unclassified—oranges salvaged from sea	(—)	1
TOTAL	(2131)	2245

The figures within brackets refer to corresponding visits during the year 1969.

FOOD CONTROL

Samples submitted for analysis (i.e. Substance, Nature and Quality):

Type of sample	*Result of analysis*	*Action taken*
Sardines	Satisfactory	——
Christmas cake	Satisfactory	——
Porridge oats	Contained larvae of stored nut moth	Referred back to manufacturers.
Malt beverage	Contained foreign body—edible gum	No formal action.
Marmalade	Poor lacquering	Referred to manufacturers.
Loaf of bread	Foreign body identified as crust particles	——
Bread	Contained larvae of flour moth	No formal action.
Ham	Maggot infested (blowfly larvae)	Infestation likely to have developed 'domestically'.
Melon cubes	High tin content found	All stocks in Island immediately withdrawn by distributors.
Sausages	Sourness detected	Stock voluntarily surrendered.
Gammon	Blown (fly larvae)	Formal warning issued.
Eccles cake	Contained cigarette filter tip	Referred for prosecution, which successful—£25 penalty.
Sliced bread	Contained yeast paper	Warning.
Lentils	Contained larval moth infestation	All stocks destroyed.
Bread	Adherence of manufacturer's brush bristle	No formal action.
Stewing steak	Satisfactory	Complainant advised.
Sausages	Contained green spots, but identified as particles of sage	Complainant advised.
Guernsey biscuit	Contained insect, identified as flour beetle	Circumstances of complaint warranted—no formal action.

Other samples submitted for analysis

Nature of sample	*Result of analysis*	*Action taken*
Douit water	Aldrin content negative	——
Douit water	Aldrin content positive	Referred Labour & Welfare Committee & States Water Board; source unproven.
Water cress (pursuant to above mentioned douit water)	Satisfactory	——
Mains water (domestic)	Copper content within permissible limits	Enquirer advised.
Well water	Copper content within normal limits	Enquirer advised.
Mains water (domestic)	Higher than average copper content	Replacement of service pipes advised.

SAMPLES SUBMITTED FOR BACTERIOLOGICAL EXAMINATION

Nature of sample	*Number submitted*	*Result*	*Action taken*
Well water	17	13 satisfactory 4 unsatisfactory	Installation of purification apparatus advised.
Mains water	2	Satisfactory	
Swimming pool water	3	Satisfactory	
Ice cream	12	Satisfactory	
Melon cubes	2 tins	No pathogenic organisms	Compare with 'samples submitted for analysis'.

FOOD COMPLAINTS

There were 46 such complaints made during the year; all were fully and properly investigated and resulted in one case being referred for prosecution, the offence being the presence of a cigarette filter tip in an article of confectionery. During 1969 the corresponding number of complaints was 41.

FOOD VOLUNTARILY SURRENDERED DURING 1970

Carcase meat and meat products	18,195	lbs.
Tinned meat (ham and tongue)	451	lbs.
Tinned meats (various)	310	lbs.
Miscellaneous meats	33	cartons
Bacon	497	lbs.
Sausage	443	lbs.
Chickens (whole, frozen)	6,800	
Quick frozen foods (including fish and vegetables)	5,326	packets
Cheese	268	lbs.
Tinned fruit and vegetables	228	lbs.
Fresh vegetables	624	lbs.
Eggs	30,840	
Fresh fruit	502	lbs.
Bananas	560	lbs.
Soup	540	gallons
	and 9	lbs.

Potato powder	47 cases
Yoghourt	7,757 packs
Sweet confectionery	76 large jars
Sultanas	316 kgs.
Various condiments	37 tins
Baby foods	30 tins
Liqueur chocolates	121 boxes
Fruit juices	27 lbs.
Soft Drinks (containing cyclamates)	52,524 bottles
Ginger ale	11,664 bottles
Miscellaneous (including baked beans, tomato soup, corned beef)	183 tins
Miscellaneous (including butter, fruit, fruit juices, vegetables, patent foods—inseparable following transit damage) ...	4,040 lbs.
Miscellaneous (mainly unspecified, but including ice cream, iced lollies and confectionery and frozen foods)—damaged and deteriorated in transit	462 lbs.

COMMENT

The main reasons or causes for the increased amounts of food-stuffs taken into voluntary surrender may be categorised:

1. Sea transit damage during bad weather crossings: the major cause.
2. Delay in transit, i.e. in movements of consignments due to:
   i) the docks strikes during July, and
   ii) misdirection of consignments.
3. Foodstuffs outdated on shelf life and withdrawn by wholesaler and retailer.
4. Refrigerator and display cabinet power breakdowns: this accounts for the majority of the surrender of packeted quick frozen foods.

Other reasons

1. Abandonment of cyclamates as permitted artificial sweeteners caused the surrender of 52,524 bottles of soft drinks.
2. A manufacturing defect in the cap sealing of bottles of Ginger Ale resulted in the surrender of 11,664 such bottles.
3. 121 boxes of liqueur chocolates were lost following flood damage at a retailer's premises.

All foodstuffs surrendered or withdrawn were properly disposed of under supervision.

RODENT CONTROL

The number of treatments, pursuant to complaint, carried out by the Rodent Operators totalled 2,763 (2,814 in 1969) of which 74.25% represents the proportion of work effected on no-domestic premises, principally the business sector of the Island. Under such constantly heavy demand it is virtually impossible for the work of the operators to be planned on a preventive basis, the best method of control. During the year treatment of complaints was as much as the operators could cope with in view of the further commitment relating to the eradication of:—

Wasp Infestations 611 of which have been recorded as being successfully destroyed. The 'supernumary duty' of wasp destruction, (for which the Department would appear to have no statutory responsibility) was shared between the Public Health Inspectors and the Rodent Operators in an endeavour to give a public service not otherwise provided.

The true number of infestations dealt with is almost certain to be higher than the figure mentioned, since it became administratively impossible to keep accurate records during the latter part of the 'season'. In future this commitment is to be met by the States Works Department.

DISINFESTATION

Statistics relating to flea complaints and disinfestation show a marked decrease over 1969 (119 disinfestations). 83 disinfestations were carried out during 1970 including some bedding and clothing treatments. The cleansing station afforded personal cleansing service on three occasions. Over 70% of infestations are reported during the months July to November.

HERM

The island was visited twice and environmental health circumstances were found to be satisfactory.

JETHOU

One visit was made here at the invitation of the Island tenant: conditions were found satisfactory.

ALDERNEY

A Public Health Inspector visited the island on two occasions at the request of Dr. D. C. Bell with regard to investigation of sewage disposal problems and dairy farm conditions, among general environmental health matters.

CONFERENCES

Representatives of the inspectorial staff were delegated to attend the Annual Week-end Seminar at Canterbury in March and the Annual Conference of the Association of Public Health Inspectors at Blackpool in September.

PERSONNEL

In September the Department suffered a sad loss in the death of Bill Reid, Senior Rodent Operator whose service with the States had extended over the previous 34 years.

Mr. William Reid

On the 13th September Bill Reid died. This unexpected and untimely death robbed the Department of a stalwart, loyal friend.

Mr. Reid came to Guernsey in 1936 and negotiated a contract with the Committee for the Destruction of Rats, whereby he undertook the task of rodent control. He was, at that time, an independent agent, bringing considerable skill to his work. For nearly three years before coming to Guernsey he had been engaged in field trials on rodent control research, initiated by the department of the British Government at that time responsible for agriculture.

He used to recount an anecdote of an occasion, soon after his arrival in the Island, when he was asked by the President of the Committee for the Destruction of Rats, how many rats he thought there were in the Island. Remembering a broad generalisation that any given population usually harboured as many rats, Reid replied, without a moment's hesitation "Oh! about 35,000". This impressed his questioner so much that he seemed ready to believe that Bill Reid had counted them. Anyway, he got the contract.

In 1942, during the Occupation, he was deported to Germany, but whether for some misdemeanour which he had committed, or simply because his name was listed among the resident English by the German authorities, he never told me. There was some mention of his having had a hand in leading a cow from L'Islet to a butcher in St. Saviour's—without German permission of course—but whether deportation was a consequence of this escapade or quite unconnected I do not know.

He managed to return to Guernsey in 1945 and was offered employment by the States at his former task, but on a monthly basis. This he accepted at the time, but was never quite able to reconcile himself to it. Even-tempered and with a ready chuckle, he was much in demand, well-liked and respected. With his golf, his boat and his job I never met a more contented man and I like to believe that he died that way. He left many friends but no traceable relatives: at his funeral, though, the chapel was as full as the hearts of those who came there.

C.G.W.

PUBLIC HEALTH DEPARTMENT—FINANCE

(The figures for 1969 are shown in brackets—adjusted to the nearest pound).

LABORATORY

Analysis	£3,536 12 4	(2604)
Cleaning and Sundries	1,067 2 5	(864)
Medical Supplies and Equipment	3,392 6 10	(3310)
Salaries and Wages	19,809 17 11	(14974)
Superannuation	2,334 4 3	(1963)
	£30,140 3 9	(23715)

PUBLIC HEALTH

Cleaning, Fuel, Light, Water and Rent		£1,835 7 3	(1519)
Infectious Diseases:			
Doctors' Fees	1126 12 11	(1048)	
Drugs, Vaccines, etc. ...	1513 8 6	(1654)	
		2,640 1 5	(2702)
Postage, Stationery and Telephone		916 18 11	(865)
Salaries and Wages		29,661 9 9	(29496)
Superannuation		4,035 7 7	(4254)
Travelling Expenses		2,200 8 5	(2268)
V.D. Clinic		1,498 0 6	(1182)
Other Expenses		2,353 0 6	(2556)
		£45,140 14 4	(£44842)
Less Recoveries Education Council		9,510 0 0	(9575)
		£35,630 14 4	(£35,267)

Annual Report of the Pathology Department for 1970

(Figures for 1969 are given in brackets)

Section 1 *General Laboratory Tests*

The number of reports issued was 24,795 (22669) and specimens referred to Dorchester totalled 1532 (1185). The number of specimens referred to other United Kingdom centres was 665. (No previous figure available.)

Section 2 *Public Health Tests*

The number of reports issued was 75 (66).

Section 3 *Blood Transfusion and Grouping*

		1968	1969	1970
A.	Pints donated	899	1024*	971
B.	Blood donors requested	1008	1186	1089
C.	Patients x matched	456	541	629
D.	A.H.G. cryoprecipitate packs ...	—	34	90

* In the 1969 Report this item was mis-stated as 1924.

Section 4 *Exfoliative Cytology*

The number of reports issued was 930 (1013).

Summary

The total number of reports issued was 25,800. Last year the figure was 23,748. The number of specimens referred to the United Kingdom shows an increase over previous years and totalled 2197. Requests for more specialised tests have arisen and the demand for histology reports increased. The cost of these tests is now appreciable and constitutes approximately 10% of our total budget.

Early in the year our method of reporting and general office routine was examined in detail. A completely new system of printed forms was devised to suit our special needs and the complete system is now in operation. A drastic reduction in both typing and time has been achieved and the reports reach their destination without office delay.

A much closer liaison has also been reached between the Department and the Control of Infection and User Committee, and in particular monthly reports of relevant matters concerning infection are submitted to that Committee.

The Blood Transfusion Service continues to meet the demands and has completed its first full year of anti-haemophiliac cryoprecipitate preparation, providing 90 unit packs for this specialised treatment.

The Cytology section figure was slightly down on the 1969 total, but a relative increase occurred during the last three months suggesting an increase in 1971.

The staff position has been satisfactory and technical staff vacancies have been filled. Part-time technical staff derived from Guernsey residents has helped to meet our requirements. Time lost due to sickness was high compared to previous years.

The student technician scheme for Guernsey students has not been profitable so far, due to resignations. However, this policy is to continue in the hope that this long-term prospect will provide us with trained, qualified Guernsey laboratory technicians. The facilities for this project are now established and working well.

The future progress and expansion of the Department requires the guidance of a Consultant Pathologist in medical matters and to formulate policies for long-term planning. It is gratifying that official sanction for this new appointment was given this year. It is hoped to relieve overcrowding in the main laboratory during 1971, by providing more work-bench space for the bio-chemical section, where the development demand is most concentrated.

Population at the last census in 1961 was 1472.

There should be a substantial increase in the forthcoming census in April 1971 as there have been 249 new houses built in the decade, 49 of which were built in 1970.

Births

Totalled 15 during the year, one of which was sent to Guernsey for Caesarian section. This is slightly below the average yearly birth rate.

Deaths

Totalled 26 and included 2 visitors. Three additional deaths occurred off the island.

Causes of death

Carcinoma of lung	4
uterus	1
intestine	1
Coronary Thrombosis	4
Cerebral Thrombosis	1
Cerebral Haemorrhage	1
Ischaemic Heart Disease	3
Aortic Heart Disease	1
Congestive Heart Failure	3
Chronic Bronchitis	2
Pneumonia	1
Senility & Myocardial Degeneration ...	1
Senility & Toxaemia	1
Suicide by Drowning	1
Fractured Skull	1

The deaths occurring off the island were due to:

Carcinoma of prostate	1
Carcinoma of breasts	1
Pulmonary Tuberculosis	1

Epidemic Diseases

A bad year for epidemic diseases. Measles started in July, introduced by a visitor and continued through the year with a total of 76 cases.

There were 46 cases of mumps, 3 of German measles and 1 of chickenpox.

Sanitary Improvements

Work to instal sewer pipes to service properties on the eastern side of Butes and including extensions for Newtown, Braye Street and the Harbour area is now in hand. The project consisting of 3 phases:

Phase 1—Braye Road and Newtown area.
Phase 2—Le Valongis.
Phase 3—Braye Street and the Harbour area.

was planned by Messrs. Davidge & Partners.

Phase 1 and 3 are included in the present contract for which the sum of about £28,000 is the estimated cost.

Inspections

Mr. S. R. Edwards, Public Health Inspector visited the island on 25.2.70 and 27.3.70.

Sunshine and Rainfall at Alderney Airport

	Sunshine	*Rainfall*
January	47.2	4.22
February	93.5	3.78
March	153.3	2.11
April	160.5	2.11
May	230.0	1.06
June	211.3	.91
July	211.8	1.23
August	189.0	2.04
September	171.2	2.84
October	118.9	1.17
November	55.5	5.56
December	45.2	2.82
TOTAL	1687.4	29.85

APPENDIX I

YEAR	Guernsey Estimated Population to middle of each year	BIRTHS		DEATHS			DEATHS Under 1 year	
		No.	Rate per 1,000	No.	Crude Rate per 1,000	Adjusted Rate per 1,000	No.	Rate per 1,000 Births
1946	38,038	872	22.9	431	11.3	7.9	35	40.1
1947	40,674	900	22.2	419	10.3	7.2	30	33.3
1948	43,179	870	20.2	445	10.4	7.3	17	10.5
1949	44,374	795	17.9	495	11.1	7.7	20	25.1
1950	44,792	746	16.6	480	10.7	7.4	22	29.5
1951	44,498	775	17.4	510	11.4	8.0	11	14.2
1952	43,367	735	16.9	464	10.7	7.5	24	32.6
1953	44,158	727	16.5	456	10.4	7.3	23	31.6
1954	43,414	689	15.8	492	11.3	7.9	9	13.1
1955	42,073	667	15.9	423	10.0	7.0	18	26.9
1956	41,149	701	17.0	495	12.0	8.4	14	19.9
1957	40,721	725	17.8	517	12.7	8.89	24	33.0
1958	43,450	717	16.5	497	11.4	7.98	16	22.3
1959	43,950	709	16.1	498	11.3	7.91	14	19.7
1960	44,700	769	17.2	491	10.9	7.63	11	14.3
1961	45,000	757	16.8	569	12.6	8.82	16	21.1
1962	45,203	797	17.6	569	12.5	8.68	15	17.6
1963	45,339	842	18.5	542	11.7	8.21	24	28.5
1964	45,475	891	19.6	540	11.89	10.22	19	21.32
1965	45,611	816	17.9	568	12.45	10.71	16	19.61
1966	45,747	780	17.05	564	12.3	10.57	13	16.6
1967	45,884	741	16.14	546	11.46	9.83	21	28.34
1968	46,182	752	16.28	656	14.2	12.21	16	21.28
1969	46,343	830	17.91	643	13.87	11.93	14	16.87
1970	46,505	794	17.07	616	13.24	11.39	13	16.37

APPENDIX II

Population by Age-groups, 1931 — 1961

Guernsey and Adjacent Islands

Age last birth-day	1931			1951			Percentage increase or decrease (–) 1931-1951			1961			Percentage increase or decrease (–) 1951–1961		
	Persons	Males	Females	Persons	Males	Females	Persons	Males	Fems.	Persons	Males	Females	Persons	Males	Fems.
0–4	3,617	1,793	1,824	4,187	2,116	2,071	15.8	18.0	13.5	3,706	1,912	1,794	–11.5	-9.6	–13.4
5–9	3,633	1,860	1,773	2,980	1,507	1,473	–18.0	–19.0	–16.9	3,481	1,809	1,672	16.8	20.0	13.5
10–14	3,343	1,704	1,639	3,318	1,723	1,595	– 0.7	1.1	– 2.7	4,075	2,076	1,999	22.8	20.5	25.3
15–24	6,959	3,465	3,494	6,039	2,943	3,096	–13.2	–15.1	–11.4	5,706	2,853	2,853	– 5.5	– 3.1	– 7.8
25–34	6,387	3,080	3,307	6,332	3,164	3,168	– 0.9	2.7	– 4.2	5,693	2,826	2,867	–10.1	–10.7	– 9.5
35–44	5,549	2,565	2,984	6,653	3,391	3,262	19.9	32.2	9.3	6,011	2,955	3,056	– 9.6	–12.9	– 6.3
45–54	5,081	2,432	2,649	5,864	2,853	3,011	15.4	17.3	13.7	6,392	3,155	3,237	9.0	10.6	7.5
55–64	4,063	1,959	2,104	4,657	2,081	2,576	14.6	6.2	22.4	5,588	2,587	3,001	20.0	24.3	16.5
65 +	4,111	1,816	2,294	5,466	2,313	3,153	33.0	27.3	37.4	6,447	2,545	3,902	17.9	10.0	23.8
All Ages	42,743	20,675	22,068	45,496	22,091	23,405	6.4	6.8	6.1	47,099	22,718	24,381	3.5	2.8	4.2

APPENDIX III

DEATHS BY AGE GROUPS AND CAUSES — 1970

Intern List No.	Cause of Death	Under 1		1–4		5–14		15–24		25–44		45–64		65–74		75 +		Total all Ages		Grand Total 1970
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	GROUP I																			
	Infective and Parasitic Diseases																			
009	Diarrhoeal disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	1	2
011	Pulmonary tuberculosis	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	1	1	2
036	Meningococcal infection	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
038	Septicaemia	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	2	—	2
	Totals: GROUP I	—	—	2	—	—	—	—	—	—	—	—	—	2	1	1	1	5	2	7
	GROUP II																			
	Neoplasms																			
150	Malignant neoplasm of oesophagus ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1
151	Malignant neoplasm of stomach	—	—	—	—	—	—	—	—	—	—	3	—	2	—	3	—	8	—	8
153	Malignant neoplasm of large intestine, except rectum	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	1	1	2
154	Malignant neoplasm of rectum and rectosigmoid function	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1
155	Malignant neoplasm of liver and intrahepatic bile ducts, specified as primary	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	1	2	1	3
	Carried forward	—	—	—	—	—	—	—	—	—	—	5	1	2	—	6	1	13	2	15

Intern List No.	Cause of Death	Under 1		1–4		5–14		15–24		25–44		45–64		65–74		75+		Total all Ages		Grand Total 1970
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	Brought forward	—	—	—	—	—	—	—	—	—	—	5	1	2	—	6	1	13	2	15
	GROUP II (Continued)																			
157	Malignant neoplasm of pancreas ...	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1
158	Malignant neoplasm of peritoneum and retroperitoneal tissue	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	1	1	2	3
162	Malignant neoplasm of trachea, bronchus and lung	—	—	—	—	—	—	—	—	—	—	4	1	12	—	2	1	18	2	20
172	Malignant melanoma of skin	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1
173	Other malignant neoplasm of skin ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1
174	Malignant neoplasm of breast	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2	2
180	Malignant neoplasm of cervix uteri ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
183	Malignant neoplasm of ovary Fallopian tube and broad ligament	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2	2
188	Malignant neoplasm of bladder	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	1	1	2	3
191	Malignant neoplasm of brain	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	2	—	2
192	Malignant neoplasm of other parts of nervous system	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	2	—	2
195	Malignant neoplasm of ill-defined sites	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
196	Secondary and unspecified malignant neoplasm of lymph nodes	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
	Carried forward	—	—	—	—	—	—	—	—	1	—	12	5	17	—	10	10	40	15	55

Intern List No.	Cause of Death	Under 1		1–4		5–14		15–24		25–44		45–64		65–74		75 +		Total all Ages		Grand Total 1970
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	Brought forward	—	—	—	—	—	—	—	—	1	—	12	5	17	—	10	10	40	15	55
	GROUP II (Continued)																			
197	Secondary malignant neoplasm of respiratory and digestive systems ...	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
199	Malignant neoplasm without specification of site	—	—	—	—	—	—	—	—	2	3	3	6	5	4	2	1	12	14	26
200	Lymphosarcoma and reticulum-cell sarcoma	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	2	—	2
201	Hodgkin's disease	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1
205	Myeloid leukaemia	—	—	—	—	—	—	—	—	1	1	—	—	1	—	—	—	2	1	3
207	Other and unspecified leukaemia ...	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1
238	Neoplasm of unspecified nature of eye, brain and other parts of nervous system	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	1	1	2
	Totals: GROUP II	—	—	—	—	1	1	—	—	4	4	17	11	24	5	13	11	59	32	91

Intern List No.	Cause of Death	Under 1		1–4		5–14		15–24		25–44		45–64		65–74		75 +		Total all Ages		Grand Total 1970
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	GROUP III																			
	Endocrine, Nutritional and Metabolic Diseases																			
244	Myxoedema	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	1	1	2
250	Diabetes mellitus	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	2	2
268	Nutritional marasmus	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1	—	1	2	3
	Totals: GROUP III	—	—	—	—	—	—	—	—	—	—	1	2	—	2	1	1	2	5	7
	GROUP IV																			
	Diseases of Blood and Blood-forming Organs																			
283	Acquired haemolytic anaemias	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1
284	Aplastic anaemia	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	2	2
285	Other and unspecified anaemias	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
	Totals: GROUP IV	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	1	1	3	4
	GROUP V																			
	Mental Disorders																			
290	Senile and Pre-senile dementia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2	2
303	Alcoholism	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
	Totals: GROUP V	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	2	1	2	3

Intern List No.	Cause of Death	Under 1		1–4		5–14		15–24		25–44		45–64		65–74		75 +		Total all ages		Total Grand 1970
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	GROUP VI																			
	Diseases of the nervous system and sense organs																			
320	Meningitis	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—	1	1	2
342	Paralysis agitans	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	1	1	2
345	Epilepsy	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
	Totals: GROUP VI	—	1	1	—	—	—	—	—	—	—	—	1	—	1	1	—	2	3	5
	GROUP VII																			
	Diseases of the circulatory system																			
394	Diseases of mitral valve	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1
395	Diseases of aortic valve	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
401	Essential benign hypertension	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	3	3
402	Hypertensive heart disease	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1	—	3	—	3
410	Acute myocardial infarction	—	—	—	—	—	—	—	—	—	—	23	5	22	6	14	14	59	25	84
411	Other acute and sub-acute forms of ischaemic heart disease	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	2	—	2
412	Chronic ischaemic heart disease	—	—	—	—	—	—	—	—	—	—	2	—	4	1	1	8	7	9	16
414	Asymptomatic ischaemic heart disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2	—	2
	Carried forward	—	—	—	—	—	—	—	—	—	—	26	5	29	8	18	26	73	39	112

Intern List No.	Cause of Death	Under 1		1 – 4		5 – 14		15–24		25–44		45–64		65–74		75 +		Total All Ages		Grand Total 1970
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	Brought forward	—	—	—	—	—	—	—	—	—	—	26	5	29	8	18	26	73	39	112
	GROUP VII (Continued)																			
422	Acute myocarditis	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
423	Chronic disease of pericardium, non-rheumatic	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1
425	Cardiomyopathy	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
426	Pulmonary heart disease	—	—	—	—	—	—	—	—	—	—	1	1	6	—	6	—	13	1	14
427	Symptomatic heart disease	—	—	—	—	1	—	—	—	—	—	8	2	6	6	11	10	26	18	44
428	Other myocardial insufficiency	—	—	—	—	—	—	—	—	—	—	—	—	1	3	1	5	2	8	10
431	Cerebral haemorrhage	—	—	—	—	—	—	—	—	—	—	1	3	4	3	3	8	8	14	22
432	Occlusion of pre-cerebral arteries ...	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	2	—	2
433	Cerebral thrombosis	—	—	—	—	—	—	—	—	—	—	—	1	5	4	10	10	15	15	30
434	Cerebral embolism	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	1	1	2
436	Acute but ill-defined cerebro-vascular disease	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	1	1	2
437	Generalized ischaemic celebro-vascular disease	—	—	—	—	—	—	—	—	—	—	—	1	1	4	6	15	7	20	27
440	Arteriosclerosis	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2	—	4	4
441	Aortic aneurym (non-syphilitic)	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	1	1	2
444	Arterial embolism and thrombosis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
445	Gangrene	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1
450	Pulmonary embolism and infarction	—	—	—	—	—	—	—	—	—	1	—	1	1	1	—	3	1	6	7
	Totals: GROUP VII	—	—	—	—	1	—	—	—	—	1	38	14	58	31	56	84	153	130	283

Intern List No.	Cause of Death	Under 1		1 – 4		5 – 14		15–24		25–44		45–64		65–74		75+		Total All Ages		Grand Total 1970
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	GROUP VIII																			
	Diseases of the respiratory system																			
466	Acute bronchitis and bronchialitis ...	—	—	—	—	—	—	—	—	—	—	—	—	2	1	2	—	4	1	5
470	Influenza unqualified	—	—	—	—	—	—	—	—	—	—	1	—	1	1	—	1	2	2	4
471	Influenza with pneumonia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	1	2
480	Viral pneumonia	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
481	Pneumococcal pneumonia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	1	2
483	Pneumonia due to other specified organism	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
485	Bronchopneumonia, unspecified	—	—	—	—	—	—	—	—	—	—	7	2	7	6	11	27	25	35	60
486	Pneumonia, unspecified	—	—	—	—	—	—	—	—	—	—	5	1	1	—	4	2	10	3	13
490	Bronchitis, unqualified	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	2	1	3	4
491	Chronic bronchitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2	—	2
493	Asthma	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	1	1	2
514	Pulmonary congestion and hypostasis	—	—	—	—	—	—	—	—	—	—	—	3	1	2	3	8	4	13	17
519	Other diseases of respiratory system ...	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1	1	3	1	4
	Totals: GROUP VIII	—	—	—	—	—	—	—	—	—	—	17	6	14	11	25	44	56	61	117
	GROUP IX																			
	Diseases of the Digestive System																			
530	Diseases of oesophagus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
533	Peptic ulcer, site unspecified	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1
560	Intestinal obstruction without mention of hernia	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	2
567	Peritonitis	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1
	Carried forward	1	—	—	—	—	—	—	—	—	—	—	—	2	—	—	2	3	2	5

Intern List No.	Cause of death	Under 1		1 – 4		5 – 14		15–24		25–44		45–64		65–74		75 +		Total All Ages		Grand Total 1970
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	Brought forward	1	—	—	—	—	—	—	—	—	—	—	—	2	—	—	2	3	2	5
	GROUP IX (Continued)																			
569	Other diseases of intestines and peritoneum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	1	2
571	Cirrhosis of liver	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	1	1	2
573	Other diseases of liver	—	—	—	—	—	—	—	—	—	—	1	1	—	1	—	—	1	2	3
576	Other diseases of gallbladder and biliary ducts	—	—	—	—	—	—	—	—	—	—	1	—	—	1	1	—	2	1	3
577	Diseases of pancreas	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
	Totals : GROUP IX	1	—	—	—	—	—	—	—	—	1	4	1	2	2	2	3	9	7	16
	GROUP X																			
	Diseases of genito-urinary system																			
583	Nephritis. unqualified	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1
590	Infections of kidney	—	—	—	—	—	—	—	—	—	—	1	1	—	1	1	2	2	4	6
593	Other diseases of kidney and ureter	—	—	—	—	—	—	—	—	—	—	1	2	1	—	1	1	3	3	6
	Totals: GROUP X	—	—	—	—	—	—	—	—	—	—	2	3	1	2	2	3	5	8	13
	GROUP XII																			
	Diseases of the Skin and Subcutaneous Tissue																			
708	Urticaria	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1

Intern List No.	Cause of Death	Under 1		1 – 4		5 – 14		15–24		25–44		45–64		65–74		75+		Total All Ages		Grand Total 1970
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	GROUP XIV																			
	Congenital Anomalies																			
740	Anencephalus	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
742	Congenital hydrocephalus	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1
	Totals: GROUP XIV	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1	2
	GROUP XV																			
	Certain Causes of Perinatal Morbidity and Mortality																			
772	Birth injury without mention of cause	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
776	Anoxic and hypoxic conditions not elsewhere classified	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2	4
777	Immaturity, unqualified	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	3
	Totals: GROUP XV	4	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	4	8
	GROUP XVI																			
	Symptoms and Ill-Defined Conditions																			
782	Symptoms referable to cardiovascular and lymphatic system	—	—	—	—	—	—	—	—	—	—	2	—	4	—	1	4	7	4	11
783	Symptoms referable to respiratory system	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1
784	Symptoms referable to upper gastro-intestinal tract	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	2	2	2	4
785	Symptoms referable to abdomen and lower gastro-intestinal tract	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	1	1	2
	Carried forward	—	—	—	—	—	—	—	—	—	—	2	—	6	1	3	6	11	7	18

Intern List No.	Cause of Death	Under 1		1 – 4		5 – 14		15–24		25–44		45–64		65–74		75 +		Total All ages		Grand Total 1970
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	Brought forward	—	—	—	—	—	—	—	—	—	—	2	—	6	1	3	6	11	7	18
	GROUP XVI (Continued)																			
790	Nervousness and debility	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
792	Uraemia	—	—	—	—	—	—	—	—	—	—	—	—	1	2	2	6	3	8	11
794	Senility without mention of psychosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6	—	6	6
796	Other ill-defined and unknown causes of morbidity and mortality	—	—	—	—	—	—	—	—	1	—	—	—	1	—	2	3	4	3	7
	Totals: GROUP XVI	—	—	—	—	—	—	—	—	1	—	2	—	8	3	7	22	18	25	43
	GROUP NXVII																			
	Accidents, Poisonings and Violence (Nature of Injury)																			
N.820	Fracture of neck of femur	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
N.854	Intracranial injury of other and unspecified nature	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	1
N.933	Foreign body in pharynx and larynx	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
N.958	Spinal cord lesion without evidence of spinal bone injury	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	1
N.980	Toxic effect of alcohol	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1
N.994	Effects of other external causes	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
N.996	Injury, other and unspecified	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	1	1	2
	Totals: GROUP NXVII	2	—	—	—	—	1	2	—	—	1	—	1	—	—	—	1	4	4	8

	Cause of Death	Under 1		1 – 4		5 – 14		15–24		25–44		45–64		65–74		75+		Total all Ages		Grand Total 1970
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	GROUP EXVII																			
	Accidents, Poisonings and Violence (External cause)																			
E821	Motor vehicle non-traffic accident involving collision with stationary object	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
E859	Accidental poisoning by other and unspecified drugs and medicaments	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	1
E887	Other and unspecified fall	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
E950	Suicide and self-inflicted poisoning by solid or liquid substances	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1
E951	Suicide and self-inflicted poisoning by gases in domestic use	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
E953	Suicide and self-inflicted injury by hanging, strangulation and suffocation	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	1
E965	Assault by firearms and explosives ...	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	1
E984	Submersion (drowning) undetermined whether accidentally or purposely inflicted	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1
	Totals: GROUP EXVII	—	—	—	—	—	—	2	—	1	—	2	1	—	1	—	1	5	3	8

APPENDIX IV

DEATHS BY AGE GROUPS—SUMMARY 1970

Cause of Death	Under 1		1–4		5–14		15–24		25–44		45–64		65–74		75+		Total All Ages		Grand Total 1970	Total 1969
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
GROUP I:																				
Infective and Parasitic Diseases ...	—	—	2	—	—	—	—	—	—	—	—	—	2	1	1	1	5	2	7	4
GROUP II:																				
Neoplasms	—	—	—	—	1	1	—	—	4	4	17	11	24	5	13	11	59	32	91	121
GROUP III:																				
Endocrine, Nutritional, and Metabolic Diseases	—	—	—	—	—	—	—	—	—	—	1	2	—	2	1	1	2	5	7	6
GROUP IV:																				
Diseases of the Blood and Blood Forming Organs	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	1	1	3	4	2
GROUP V:																				
Mental Disorders	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	2	1	2	3	5
GROUP VI:																				
Diseases of the Nervous System and Sense Organs	—	1	1	—	—	—	—	—	—	—	—	1	—	1	1	—	2	3	5	83
GROUP VII:																				
Diseases of the Circulatory System ...	—	—	—	—	1	—	—	—	—	1	38	14	58	31	56	84	153	130	283	260
GROUP VIII:																				
Diseases of the Respiratory System	—	—	—	—	—	—	—	—	—	—	17	6	14	11	25	44	56	61	117	80
GROUP IX:																				
Diseases of the Digestive System ...	1	—	—	—	—	—	—	—	—	1	4	1	2	2	2	3	9	7	16	14
GROUP X:																				
Diseases of the Genito-Urinary System	—	—	—	—	—	—	—	—	—	—	2	3	1	2	2	3	5	8	13	6
GROUP XI:																				
Complications of Pregnancy, Childbirth and the puerperium	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Carried forward	1	1	3	—	2	1	—	—	4	6	80	38	101	57	102	150	293	253	546	581

Cause of Death	Under 1		1–4		5–14		15–24		25–44		45–64		65–74		75 +		Total all Ages		Grand Total 1970	Total 1969
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
Brought Forward	1	1	3	—	2	1	—	—	4	6	80	38	101	57	102	150	293	253	546	581
GROUP XII: Diseases of the Skin and Subcutaneous Tissue	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1	—
GROUP XIII: Diseases of the Musculoskeletal System and Connective Tissue ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
GROUP XIV: Congenital Anomalies	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1	2	3
GROUP XV: Certain Causes of Perinatal Morbidity and Mortality	4	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	4	8	9
GROUP XVI: Symptoms and Ill-defined Conditions	—	—	—	—	—	—	—	—	1	—	2	—	8	3	7	22	18	25	43	35
GROUP EXVII: Accidents, Poisonings and Violence (External Cause)	—	—	—	—	—	—	2	—	1	—	2	1	—	1	—	1	5	3	8	—
GROUP NXVII: Accidents, Poisonings and Violence (Nature of Injury)	2	—	—	—	—	1	2	—	—	1	—	1	—	—	—	1	4	4	8	14
1970	7	6	3	—	2	2	4	—	6	7	85	40	110	61	109	174	326	290	616	—
1969	4	10	1	3	2	—	6	—	10	8	79	38	106	66	149	161	357	286	—	643

APPENDIX V

INFANT DEATHS 1970—CAUSES

CAUSE OF INFANT DEATHS—UNDER ONE MONTH—1970

		M	F	Total
560	Intestinal obstruction without mention of hernia ...	1	—	1
740	Anencephalus	—	1	1
772	Birth injury without mention of cause	—	1	1
776	Anoxic and hypoxic conditions not elsewhere classified	2	2	4
777	Immaturity—unqualified	2	1	3
		5	5	10

CAUSE OF INFANT DEATHS—FROM ONE MONTH TO ONE YEAR—1970

		M	F	Total
345	Epilepsy	—	1	1
N933	Foreign body in pharynx and larynx	1	—	1
N994	Effects of other external causes (mechanical suffocation)	1	—	1
		2	1	3

APPENDIX VI

MORTALITY

Cancer (all forms)

Number of Deaths

			Deaths per 1,000 of population		
	Guernsey	*Jersey*	*Guernsey*	*Jersey*	*England & Wales*
1966	127	157	2.8	2.5	2.3
1967	114	167	2.5	2.6	2.3
1968	124	190	2.7	3.0	2.3
1969	121	190	2.6	2.9	2.4
1970	91	162	2.0	2.5	†

Lung Cancer only

Number of Deaths

			Deaths per 1,000 of population		
	Guernsey	*Jersey*	*Guernsey*	*Jersey*	*England & Wales*
1966	29	42	0.63	0.68*	0.56
1967	26	40	0.56	0.72*	0.58
1968	21	57	0.45	0.83*	0.59
1969	23	54	0.5	0.82*	0.61
1970	20	37	0.45	0.63*	†

† not available

* adjusted to relate to resident population only.

APPENDIX VII

DEATHS DUE TO LUNG CANCER IN RELATION TO DEATHS DUE TO ALL CAUSES AND TO DEATHS DUE TO CANCER (ALL FORMS)
1955-1970

Year	Lung Cancer Deaths	All Cancer Deaths	All Causes Deaths	Lung Cancer Deaths as % of all Cancer Deaths	Lung Cancer Deaths as % of all Deaths
1955	18	81	423	22.2	4.2
1956	11	68	495	16.2	2.2
1957	19	104	517	18.3	3.7
1958	25	102	497	24.5	5.0
1959	21	97	498	21.6	4.2
Mean of 5 yrs	18.8	90.4	486	20.6	3.9
1960	16	100	491	16.0	3.2
1961	14	98	569	14.3	2.5
1962	28	114	569	24.6	4.9
1963	28	100	542	28.0	5.2
1964	19	100	540	19.0	3.5
Mean of 5 yrs	21.0	102.4	542	20.6	3.9
1965	22	104	568	21.2	3.9
1966	29	127	564	22.8	5.1
1967	26	114	546	22.8	4.8
1968	21	124	656	16.9	3.2
1969	23	121	643	19.0	3.6
Mean of 5 yrs	24.2	118.0	635	20.5	4.1
1970	20	91	618	22.0	3.2

APPENDIX VIII

ANNUAL STATISTICS FOR HEALTH VISITORS 1970

Health Visiting

	Total 1970	1969
1. Primary visit 0-1	843	795
2. Primary visit 1-5	267	162
3. Revisit 0-1	2098	2437
4. Revisit 1-5	2510	2582
5. Old persons	1492	1414
6. Mentally disordered	68	57
7. Problem families	59	26
8. Infectious households	205	164
9. Special and other visits	846	1009
10. Non-effective visits	1222	1451
11. Total of visits	9610	10097
Board of Health Clinics—Sessions		
12. T.B. and chest	51	43
13. Inoculations and vaccinations	107	27
14. Staff medicals	100	68
15. Infant welfare	107	117
Administration and Organisation Sessions for Board of Health and School Medical Services	135	214
Weekend and Evening visits for Board of Health and School Medical Services	49	*
Special Meetings (with doctors etc)	65	*

* not recorded.

APPENDIX IX

SPECIAL TREATMENT CLINIC 1970

MALE SECTION

	1968	1969	1970
1. Number of persons under treatment or surveillance on 1st January 1970:			
Syphilis	4	3	0
Gonorrhea	17	10	12
Non-specific or non-venereal conditions	12	18	12
2. Number of persons previously removed from register who returned for treatment due to re-infection ...	3	4	6
3. Number of fresh infections during the year:			
Syphilis contracted locally	0	0	0
Syphilis contracted outside the Island	3	0	1
Gonorrhea contracted locally	14	14	40
Gonorrhea contracted outside the Island	42	56	36
Non-specific or non-venereal conditions contracted locally	17	28	54
Non-specific or non-venereal conditions contracted outside the Island	59	47	35
4. Cases discharged:			
Syphilis	4	3	0
Gonorrhea	63	68	77
Non-specific or non-venereal conditions	70	81	92
5. Number of persons remaining under treatment or observation on 31st December 1970:			
Syphilis	3	0	1
Gonorrhea	10	12	10
Non-specific or non-venereal conditions	18	12	10
6. Number of attendances	938	982	990

G.C.		*N.S.U. or N.V. conditions*	
Seamen	18	Seamen	13
Visitors	16	Visitors	20
Hotel staff	19	Hotel staff	15
Imported labour	17	Imported labour	20
Local persons	6	Local persons	21
	76		89

Of the total number of Gonorrhea cases, two were found to have Trichomonas Vaginalis infection.

97 attendances by appointment outside regular hours including early a.m., late a.m., early and very late p.m. and Sundays:

Seamen	20	Visitors	10
Hotel staff	58	Local persons	9

APPENDIX X

SPECIAL TREATMENT CLINIC 1970

FEMALE SECTION

	1968	1969	1970
1. Number of persons under treatment or surveillance on 1st January 1970:			
Syphilis	2	0	0
Gonorrhea	1	0	1
Non-specific or non-venereal conditions	0	0	3
2. Number of persons previously removed from register who returned for treatment due to re-infection ...	0	1	2
3. Number of fresh infections during the year:			
Syphilis contracted locally	0	0	0
Syphilis contracted outside the Island	0	0	0
Gonorrhea contracted locally	17	28	15
Gonorrhea contracted outside the Island	0	0	0
Non-specific or non-venereal conditions contracted locally	0	3	7
Non-specific or non-venereal conditions contracted outside the Island	0	0	0
4. Cases discharged:			
Syphilis	2	0	0
Gonorrhea	18	27	16
Non-specific or non-venereal conditions	0	0	10
5. Number of persons remaining under treatment or observation on 31st December 1970:			
Syphilis	0	0	0
Gonorrhea	0	1	0
Non-specific or non-venereal conditions	0	3	0
6. Number of attendances	96	107	71

SCHOOL MEDICAL SERVICES
ANNUAL REPORT 1970

The periodic medical examinations of the Guernsey school children remain the prominent feature of the School Medical Service. It must be emphasised that the information gathered and the service rendered does not duplicate or conflict with the work of the family doctor but is supplemental thereto.

We have been fortunate to acquire two Guernsey-born Health Visitors this year, Miss H. Renier, SRN, SCN, HVCert. who joined us on April 1st from a post on the mainland as a Specialist Health Visitor for deaf children, and Mrs. J. A. Erskine, SRN, SCN, HVCert. who joined us on 1st July 1970.

On 1st April the services of Mr. R. T. Goldsmith were retained as a peripatetic teacher for the partially hearing and an Audiology Clinic was created in Mount Durand next door to the Speech Therapy Department. Thus a more complete examination of the school entrant is possible and an improved medical supervision during the child's school life.

Many pre-school children are attending Lukis House Clinics for developmental testing, for eye, ear and speech troubles and for behaviour problems. This is due to the unceasing vigilance of the Health Visitors who, in spite of the smallness of their numbers, still manage to keep a kindly watchful eye over the young. Our appreciation must also be expressed of the co-operation given us by the teachers without which our task would be very difficult indeed.

Health education is being tackled by the schools in a very personalised way. This is a highly controversial subject as the mere giving of factual information will not automatically impose self discipline. No-one will deny that parents are the right people to give this information but so many are unable or unwilling to do so. Parental love, care, advice and example are still of paramount importance and it is difficult to see what can replace them.

During 1970 the total number of children examined by School Medical Services was 3,004. This figure includes school children seen at Periodic Medical Examinations both at their schools (1944) and at Lukis House (342), and children (including those of school age) seen at Lukis House Clinics (718). Children examined at School (Periodic Medical Examination):—

	Boys	*Girls*	*Totals*
Infants	442	420	862
Juniors	380	387	767
Seniors	130	185	315
	952	992	1,944

The number of senior school children examined at Lukis House (Periodic Medical Examinations) were:—

223 boys; 119 girls; total 342

Defects noted at the Periodic Medical Examinations

	Infants			*Juniors*			*Seniors*		
	Boys	*Girls*	*Total*	*Boys*	*Girls*	*Total*	*Boys*	*Girls*	*Total*
Teeth	95	108	203	38	42	80	3	18	21
Skin	35	31	66	11	19	30	21	42	63
Eyes	7	12	19	24	36	60	9	24	33
Speech	28	16	44	22	7	29	1	3	4
Orthopaedic ...	38	11	49	34	28	62	2	6	8
Foot faults ...	36	30	66	51	42	93	25	16	41
Lungs	6	1	7	4	1	5	0	2	2
Glands	16	11	27	20	24	44	1	7	8
Asthma	8	0	8	3	1	4	2	0	2
Heart	4	4	8	1	13	14	0	3	3
ENT	67	68	135	38	65	103	4	44	48
TOTALS ...			632			524			233

SCHOOL MEDICAL SERVICE CLINICS (at Lukis House)

The total number of children examined at these clinics held at Lukis House was 718.

166 attended for visual defects
273 attended for E.N.T. conditions
40 attended for speech defects
50 were Training College candidates
32 attended with behavioural problems
8 were orthopaedic problems
3 attended to request breathing exercises
86 attended for a routine School Medical Examination (absentees when the examinations were held at their school).

658

Of the remaining children (60) 53 came for a general physical examination with a view to assessing special educational requirements or special dietary requirements. The remaining 7 were miscellaneous problems upon which the parent or teacher wanted a medical opinion.

As a result of these clinics:

96 children were referred to Mr. Neubert for examination
18 children were referred to Mr. Midgley the E.N.T. specialist
59 children were referred to Miss Richmond at her Speech Therapy Clinic
48 children were referred to Dr. Salisbury at her Child Guidance Clinic
2 children were referred to Mr. Langston the orthopaedic specialist
2 children were referred to the physiotherapist for breathing exercises

THE ANTITUBERCULOSIS PROGRAMME IN SCHOOLS

This includes tuberculin testing and giving B.C.G. vaccinations:

	Infants	*Juniors*
Total number examined	862	767
Tuberculin testing not required	47	39
Numbers eligible for tuberculin testing	815	728
Numbers absent from tuberculin testing	41	14
Permission for testing refused by parents	22	17
Number of tuberculin tests performed	752	697

So, of 815 infants eligible for tuberculin testing 752 or 92.3% were tested. Excluding those children absent for testing most of whom were subsequently tested at Lukis House, the acceptance rate for tuberculin testing is 97.2%. 98% of those tested proved to be negative.

Of the 728 juniors requiring tuberculin testing, 697 or 95.7% were tested. Excluding the absentees, the acceptance rate is 97.6% of which 94.8% proved to be negative and therefore required B.C.G. vaccination (661).

Of the 661 juniors needing B.C.G. vaccination 10 were not done due to the absence of 5 and permission being withheld from the parents of the other 5. Therefore 98.49% of those requiring B.C.G. vaccination were in fact vaccinated.

In addition to the foregoing, a further 52 children were tuberculin tested at the weekly clinic at Lukis House and 136 children received B.C.G. vaccination.

Head Inspections

During the year the School Nurses carried out 14,374 head inspections. Of these, 65 instances of pediculosis were found of which only 7 children required exclusion from school in order to complete treatment. Exclusion rarely exceeded 2 days. The exclusion rate is 0.49 per 1,000 children (0.44 in 1969). The infestation rate is 4.5 per 1,000 children (4.9 in 1969).

School Party Cruises

We were asked to advise on inoculations and vaccinations necessary for the parties of school children going on cruises in the Easter and summer holidays. The bulk of the children opted for these to be given at Lukis House. Accordingly 60 smallpox vaccinations and 120 anti-typhoid inoculations were given in March 1970 and 49 children and 5 adults given smallpox vaccinations in August.

E.N.T. Clinics (Mr. G. Midgley F.R.C.S. visiting consultant)

Mr. Midgley held 3 clinics at Lukis House during 1970—one clinic included a morning and afternoon session. In all he saw 65 children of whom 26 were new cases and 39 were reviews. This shows almost 50% increase on the 1969 figures (44). Of the children that Mr. Midgley thought required in-patient hospital treatment, this he arranged without further ado. He also arranged for 2 pre-school children to be observed and assessed at the Royal Throat, Nose and Ear Hospital in London.

Child Guidance Clinic (Dr. B. J. Salisbury MB, BS, DPM, DCH.)

Dr. Salisbury continued to conduct the Child Guidance Clinic, carrying out 232 sessions during the year, during which 48 new patients were seen referred to her from School Medical Services.

Since its inception, it has been the policy of this Clinic to run in the closest possible relationship with the schools, the Children's Board and all the related workers in the field of child care, especially the Probation Officer, Mr. Finch and Chief Inspector Kelly, N.S.P.C.C.

Dr. Salisbury considers it more useful to regard each child referred as being a part of a family unit. She points out that about two thirds of the children referred belong to a family already in difficulties. Frequently the parents are in a period of severe marital stress, one of the parents may have deserted the family or the marriage broken up. Often difficulties arise due to a second marriage and the emotional problems arising from the relationship between the step children. Financial difficulties and unsatisfactory housing often require considerable social work. So a high proportion of children need help over a long period and sometimes psychiatric or medical treatment of the mother results in long-term benefit to the family.

It is estimated that roughly one third of the children present an acute problem, several recently with severe depression or with symptoms which suggest an inability to adapt to normal school life. Quite a few children present primarily with persistent bed wetting or faulty toilet habits during the day. These usually respond well to treatment.

Dr. Salisbury wishes to express her gratitude to Miss J. A. de Garis for her psychological testing and advice of educational problems and also to Mrs. M. Gerrish for carrying out the social work.

Speech Therapy Clinic (Miss J. M. Richmond L.C.S.T.)

The number of children that received treatment or observation during the year 1970 was 162. Miss Richmond records that 59 children were referred to her of which two were for audiometry only and 46 children were considered by her suitable for speech therapy. She has only reported two children as failing repeatedly to attend the first interview and therefore being deemed discharged. The remaining nine children she assessed as not requiring speech therapy. There are 935 attendances by the children recorded in addition to which 123 interviews were given by Miss Richmond to a parent or guardian. In all, 48 children were discharged during the year with speech either normal or within normal limits. There was one visitor to the clinic during the year. There were 14 children on the waiting list at 31.12.70. A very fine year's work indeed, the more so as Miss Richmond was obliged to absent herself for many weeks for major surgery and convalescence, during which time she was sadly missed by her patients.

Orthoptic Clinic (Mrs. Mary Edwards D.B.O.)

There were 2,170 attendances during the year 1970. Mrs. Edwards reports that there were 70 new cases during this time. She discharged 53 children, 40 being completely cured and 13 being cosmetically satisfactory. One child was considered unsuitable for orthoptic treatment, one was deceased and one had moved away from the Island.

98 children were referred to Mr. F. R. Neubert F.R.C.S. after vision and cover tests of the new school entrants. Mr. Neubert performed 40 squint operations.

Mrs. Edwards mentions that hardly ever does she see a school entrant with a visible squint—thanks to the work of the Health Visitors of this Island.

Audiology Clinic (Mr. R. T. Goldsmith, Teacher of the Partially Hearing)

The service for partially hearing children on the Island conducted by Mr. Goldsmith commenced on 1st April 1970. All the schools on the Island were visited by the Teacher of the Deaf during the first school term and the children who had an obvious education handicap due to a hearing loss were tested on the audiometer. From September 1970 the task of screening all infant and junior schools was commenced and the following schools were screened:—

Amherst Junior (1st year only)
Valnord School
Forest Primary School
St. Saviours Primary School
St. Andrews Primary School
Vauvert Infants School
St. Pierre du Bois Primary School
Delancey R.C. Primary School
La Chaumière School

Since April 239 children have attended the Audiology Clinic to have their hearing tested. This has resulted in finding 148 children with defective hearing; these can be split into two distinct categories:

1) *Children*

a)	conductive hearing loss not serious enough to constitute an educational handicap	51
b)	conductive hearing loss serious enough to constitute an educational handicap	76
c)	perceptive hearing loss serious enough to constitute an educational handicap	12
d)	monaural perceptive hearing loss	2

2) *Pre-school children*

a)	conductive hearing loss serious enough to affect the development of speech and language	6
b)	perceptive hearing loss serious enough to affect the development of speech and language	1
		148

REPORT ON SCHOOL DENTAL SERVICE 1970

INSPECTIONS

During the year the following schools were inspected:—

Vale Junior School
Vale Infants School
Girls' Grammar School
Amherst Junior School
Amherst Infants School
St. Peter's School
Forest Primary School
Notre Dame du Rosaire Primary School
St. Sampson's Secondary School
St. Sampson's Infants School
St. Martin's Junior School
St. Martin's Infants School
Hautes Capelles Junior School
Hautes Capelles Infants School
St. Joseph's Secondary School

This made a total of 4294 children inspected in school of which 2367 required treatment. Of 3300 children inspected at the clinic 2268 needed treatment. The total number of children examined was 7594 of which 4635 required treatment, a percentage of 59.6. Now that we have an establishment of three dental officers we have been able to divide the number of schools in our care and we hope to be able to carry out an annual inspection for each school. How soon we can do this depends upon how quickly we can eliminate the backlog of work which has been steadily mounting up over the years.

TREATMENT

The number of children treated of all age groups totalled 3231 and attendances were 10,496. This works out at an average of three attendances per child which is a fair average. If we could possibly reduce the number of attendances necessary for each child then we could work through our schools more quickly. This implies a lowering of incidence of dental decay which can be achieved by (*a*) improved oral hygiene due to a more dental conscious school population and (*b*) by strengthening the teeth of the infant against dental decay by fluoridation of the water supplies. It must be remembered that the ingestion of fluoridated water by the mother benefits the unborn child whose teeth are beginning to develop.

CONSERVATION

The number of permanent as opposed to deciduous teeth was just under 6 to 1. The ratio is lower than last year showing that many more deciduous teeth were saveable, 1010 as compared to 544 in 1969. There is a slight glimmer of hope here in so much as we were able to preserve more of the first or baby teeth until such time as they will be naturally shed.

EXTRACTIONS

Slightly more permanent teeth were extracted last year but temporary teeth extractions jumped by 295. We are finding in each school a proportion of the children need mass extractions of deciduous teeth either to relieve pain or to clean up the mouth. Conservation on this type of mouth is really a waste of time as neither the child nor the parent wishes it.

GENERAL ANAESTHETICS

Commencing our general anaesthetics at nine a.m. has been a great success and means that the patient is not kept waiting unduly and has not a lengthy fast. I would like to put on record my appreciation of the work done for us by Dr. Maurice Fox, now retired.

ORTHODONTIC AND PROSTHETIC

Twenty-five dentures were supplied as compared to sixty-one last year. It is encouraging to see that many fewer patients need replacement of their natural teeth by artificial ones. There was an increase in the amount of crowns fitted.

These are fitted to replace teeth fractured as the result of an accident.

108 orthodontic appliances were fitted. Added to this, preventative orthodontics were carried out on the younger children to eliminate if possible the necessity to wear appliances in later life.

Number of Pupils on the Register of Maintained Primary and Secondary Schools		7736
(1) Number of Pupils inspected by the Authority's Dental Officers		
(*a*) at school inspections	4294	
(*b*) at clinic	3300	Total 7594
(2) Number found to require treatment		4635
(3) Number actually treated		3231
(4) Number of attendances made by pupils for treatment		10,496
(5) Number of patients made dentally fit		2924
(6) Sessions devoted to		
(*a*) school inspections	29	
(*b*) treatment	1347	Total 1376
(7) Fillings		
(*a*) permanent teeth	6026	
(*b*) temporary teeth	1070	Total 7096
(8) Extractions		
(*a*) permanent teeth	973	
(*b*) temporary teeth	2718	Total 3691
(9) Number of general anaesthetics given for extractions		1238
(10) Number of dentures provided		25
(11) Number of crowns fitted		67
(12) Number of root canal treatments		176

(13) Other operations			
(*a*) permanent teeth	564		
(*b*) temporary teeth	273	Total	837
(14) Orthodontics			
(*a*) cases commenced during the year			14
(*b*) cases completed during the year			34
(*c*) cases discontinued during the year			8
(*d*) number of appliances fitted			108

Total figures for three dental officers

D. J. HEARNS,
Principal Dental Officer.

S. W. GAVEY,
President,
States Education Council.

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